

Ventura College
Office of Student Learning

NONCREDIT PROGRAM- APPROVAL FORM

Proposal Type

Requestor Information

Department:

Division:

Faculty Originator

Email Address

Phone Number

Program Information

Program Title:

Purpose or Justification

(Briefly state the reason/s for development *or* update and provide supporting documentation if applicable.)

Department Review of Proposal

This proposal was reviewed and discussed by the department on the following date: _____

Number of full-time (FT) faculty in the department: _____

Number and percentage of FT department faculty who approved the proposal: _____ %

(A simple majority, 51% or greater, is required for the proposal to receive departmental approval.)

Approval Signatures (Append an additional Approval Signatures sheet if more space is required)

Signatures of the following individuals attest to their approval of the proposal:

_____ Originator	_____ Date	_____ Department Chair	_____ Date
_____ Department Faculty	_____ Date	_____ Department Faculty	_____ Date
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_____ Department Faculty	_____ Date	_____ Department Faculty	_____ Date
_____ Department Faculty	_____ Date	_____ Department Faculty	_____ Date
_____ Division Dean	_____ Date	_____ Vice President of Academic Affairs	_____ Date