



Ventura College
Office of Student Learning

New Course Approval Request Form

Proposal Type: [] New [] Reactivation

Course Title: _____

Faculty Originator Name: _____

Discipline: _____

Department: _____

Purpose or Justification (please provide the reason for development or revision and provide supporting documentation if applicable):

[Empty box for Purpose or Justification]

Was the above proposal reviewed and discussed by the department?: [] Yes [] No Date: _____

Number of FT faculty in the department: _____

How many FT faculty in the department approved the course?:
(please note this action requires a majority vote) _____

Signatures of those that endorsed this proposal:

Originator Date Department Chair Date

Division Dean Date Department Faculty Date

Department Faculty Date Department Faculty Date

Department Faculty Date Department Faculty Date

Department Faculty Date Department Faculty Date

Attach additional signature page if needed.

Submit this form with your proposal, including supporting documentation, to:

Katie Owashi—Curriculum Technician

Administration Building, Room 12

kowashi@vcccd.edu