

Ventura College
Office of Student Learning

Request for Establishment or Revision of Proficiency Award

Directions:

- Choose a proposal type.
- List the award title.
- Enter your name.
- Enter responsible department (which department will be responsible for updating/revising/maintaining the award?)
- Provide a statement of purpose for this award. Include a description of the program.
- Briefly describe a job or career that a student would be able to attain with this award.
- Please address, if applicable, whether this award provides framework for an existing Certificate of Achievement or Associate Degree. If so, which one(s)?
- If the award is in a Career/Technical area, has your advisory committee reviewed and recommended it?
- List the program requirements, including the required course(s), required additional course(s), restricted elective(s) and their corresponding course ID(s), title(s) and units.
- List the total units required to complete the Proficiency Award.
- Obtain signatures from the Department Chair and Division Dean showing their review of this proposal.
- Complete the Program and New Course Approval Request Form.
- Submit packet to Katie Owashi in Admin. Building Room 12, or electronically at kowashi@vcccd.edu.

Requirements for a Proficiency Award are as follows:

- Minimum of 9 units (exceptions are possible with explanation)
- Maximum of 17.5 units
- Requirement of at least one course in residence
- Earn a cumulative grade point average of not less than 2.0 in all degree-applicable coursework attempted.



**Ventura College
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Request for Establishment or Revision of Proficiency Award

Proposal Type: ☐ New ☐ Revision

Proficiency Award Title: _____

Faculty Originator Name: _____

Responsible Department: _____

1. Purpose or Justification (Please include a description of the program):

2. Briefly describe a job or career that a student would be able to attain with this award:

3. Does this award provide framework for an existing Certificate of Achievement or Associate Degree?

☐ Yes

☐ No

☐ N/A

If yes, which one(s):

4. If the award is in a Career/Technical area, has your Advisory Committee reviewed and recommended it? Please provide supporting (e.g., minutes from your Advisory Committee) either below or attached to this form.

5. Please list the program requirements, including the required course(s), required additional course(s), restricted elective(s) and their corresponding course ID(s), title(s) and units.

Program Requirements

Type of Course	Course ID	Course Title	Units
Total Units:			

Originator Signature

Date

Department Chair Signature

Date

Department Dean Signature

Date



Ventura College
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Program and New Course Approval Request Form

Proposal Type: ☐ Course ☐ Program
Proposal Request: ☐ New (program/course) *or* ☐ Revision (program only)
☐ Reactivation (program/course)

Program or Course Title: _____

Faculty Originator Name: _____

Discipline: _____

Department: _____

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

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 program or course?:
(please note this action requires a majority vote) _____

Signatures of those that endorsed this proposal:

Originator	Date	Department Chair	Date
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Division Dean	Date	Department Faculty	Date
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Department Faculty	Date	Department Faculty	Date
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Department Faculty	Date	Department Faculty	Date
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Department Faculty	Date	Department Faculty	Date
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Attach additional signature page if needed.

Submit this form with your proposal, including supporting documentation, to the Curriculum Committee for approval.