

## CURRICULUM DEVELOPMENT APPLICATION

### Revised Career and Technical Education (CTE) Certificate and Degree Programs

*Important: Consult with CRC Curriculum Coordinator to obtain Submission and Effective Date, Bldg. 9/104G, ext. 5080*

<b>Originator and Program Codes</b>			<b>Date of Application:</b>		
Originator:	Ext.	Program Name:			
Division # (1 digit):	Banner Reporting Code # (4 digits)	Banner Org. # (6 digits):			
Who will be presenting this item to the Curriculum Committee?					
<b>Plans and Descriptions</b>					
Describe plans and include descriptions which provide evidence of: 1) the need for this change, 2) the student clientele to be served, 3) procedures used in arriving at the decision to change, 4) organizational arrangements required within the institution to accommodate the change.					
<input type="checkbox"/> Workload, staffing, budget ramifications, and space issues for this curriculum proposal have been reviewed and addressed.					
Program Chair Signature: _____				Date: _____	
<b>Revised Program Information</b>					
Certificate/Degree Title:					
Proposed Changes to Program– Check all that apply:					
<input type="checkbox"/> Program Title	<input type="checkbox"/> Total Credit Hours	<input type="checkbox"/> Term-by-Term Reorganization			
<input type="checkbox"/> Change in core course requirements	<input type="checkbox"/> Total Contact Hours	<input type="checkbox"/> Other (Please Specify): _____			
<input type="checkbox"/> Course Title Revision(s) _____					
For program revision, attach:					
<input type="checkbox"/> Advisory Committee Minutes reflecting the member's request and/or approval to revise the program, and listing the proposed revisions - Obtain approval to revise <u>prior</u> to development; the Curriculum Committee will provide final approval recommendation					
<input type="checkbox"/> Term-by-Term Course Listing					
<input type="checkbox"/> If you are adding or removing courses outside of your area, you need to attach correspondence from the impacted department(s)					
<b>Administration Signatures and Recommendations:</b>					
Department Administrator's Name			Executive Dean's Name		
Signature X			Signature X		
Date	Recommended	Not Recommended	Date	Recommended	Not Recommended
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Complete following page

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Keep your response to no more than two paragraphs.

**Mission and core themes:** Write a clear statement of the nature and purpose of the change in the context of institutional mission and core themes.

Cite evidence here.

**Formal Approval Process:** Describe the process for obtaining formal approval by the governing board and the appropriate governmental agency (if applicable) to offer the proposed existing and/or new program(s) at the proposed site(s). Attach evidence of approval using memos, letters, or official notification documents.

Cite evidence here.

**Educational Offering(s):** Provide a description of the educational offering(s). Include a list of required program courses in the program sequence.

The degree consists of \_\_\_\_\_ credit hours over six terms. The sequence of courses will be:

**Method of Instructional Delivery:** Provide a description regarding the method of instructional delivery (i.e. percent of face-to-face, hybrid, distance education, and/or competency-based delivery).

Cite evidence here.