REQUEST FOR NEW CURRICULUM (VCCS-102)

College:_____________________________________________________  College Code: _____ FICE Code: _____

1. Title of Curriculum:______________________________________________________________________________

2. Proposed Initiation Date: Fall __________ Spring __________ Year _____________

3. Program Level
   Transfer: _____AA  _____AS  _____AA&S
   Occupational/Technical: _____AAS  _____AAA  _____Diploma  _____Certificate

4. Additional funding required: New funds required: Facilities $_______ Equipment $_______
   No new funds required_____ Operations $_______ Other __________

5. Faculty required:
   No new faculty required _____ Additional Faculty Required
   First year: _____FT  _____Adjunct
   Second Year: _____FT  _____Adjunct

6. Costs to be funded by:
   (Check all that apply)
   _____ increased enrollments in existing courses taught at the college
   _____ savings through program restructuring/discontinuances
   _____ savings through attrition from other programs
   _____ enrollments in new courses
   _____ other ____________________________________________

7. FTES Enrollment Projections: 1 st year _______ 2 nd year _______ 3 rd year _______
   If after 3 years the program does not sustain an enrollment of _____ FTES, the program will
   be analyzed to determine whether or not it should be continued.

8. Will courses in the program be offered through distance education? Yes _____ No_____
   Will the students be able to complete the entire program through distance education Yes _____ No_____

9. Estimated Annual Job Openings Source and Date of Data
   Local _________  State ___________ ________________________________
   ________________________________

COLLEGE APPROVAL:

VICE PRES./PROVOST (s/)_________________________  Date:_________________________

COLLEGE PRESIDENT (s/)_________________________  Date:_________________________

LOCAL BOARD (s/)_________________________  Date:_________________________

VCCS OFFICE USE ONLY

VCCS Program Title_________________________________________________________

VCCS Curriculum Code_______ NCES/CIP Code_______ VCCS Cluster Code_______

Program Levels: (Circle) 0 1 2 3 4 5 6 7 8 9

STATE ACTION:
________________________________________(Approved/Disapproved)  By__________________________

System Office  Date

Chancellor Approval Date:_________________________  SBCC Approval Date:_________________________

SCHEV Approval Date:_________________________  SCHEV S.O.R. Date:_________________________