 Program Development Proposal/Application

Items Required for PreCheck

|  |  |
| --- | --- |
| **Program Title** |  |
| **Proposed Start Date** |  | **TOP Code** |  |
| **Initiator** |  | **CIP Code** |  |

**Part I: Award Type**

|  |  |
| --- | --- |
|[ ]  Certificate of Achievement (8-16 Units) |[ ]  Associate Degree for Transfer (Art) |
|[ ]  Certificate of Achievement (16+ Units) |[ ]  Associate Degree for Transfer (Science) |
|[ ]  Associate in Art |[ ]  Non-Credit (CDCP) |
|[ ]  Associate in Science |[ ]  Non-Credit (Non-CDCP) |
|[ ]  Certificate of Accomplishment |  |  |

**Part II: Program Goal**

**Credit**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Career Education | [ ]  Career Education/Transfer | [ ]  Local | [ ]  Transfer |

**For Career Education programs only:**

Do not submit program application for PreCheck until these two requirements are prepared and attached.

* Labor Market Information and Analysis
* Advisory Committee Recommendation

**Non-Credit**

|  |  |  |
| --- | --- | --- |
| [ ]  College Prep | [ ]  Career Development | [ ]  Other |

**Part III: Program Narrative – all programs must include a narrative that address the following:**

All programs must be appropriate to the missions of the California Community College System (California Ed Code §66010.4) and Diablo Valley College. Indicate which mission this program addresses:

[ ]  Basic skills

[ ]  Lower-division major/general education preparation

[ ]  Career education

Describe why this program is necessary and will meet an unmet need in the area in which it is designed to serve.

|  |
| --- |
| *(Insert language here)* |

**Catalog Description** - Enter the catalog description exactly as you would like it to appear in the college catalog.

|  |
| --- |
| *(Insert language here)* |

**Program Learning Outcomes** - Enter the PLOs, finishing the statement “Upon completion of this program, students will be able to…”

Minimum of three PLOs required.

|  |
| --- |
| 1.2.3.4. |

**Program Learning Outcomes Alignment Matrix** – Upon approval of your new degree and/or certificate you will be required to complete an alignment matrix in eLumen. Initiators and department chairs will be notified when the matrix is ready to be completed.

**Program Requirements** – List the program requirements and units as they should appear in the catalog. See examples at <http://www.dvc.edu/communication/schedules-and-catalogs/index.html>

|  |
| --- |
| *(Insert language here)* |

**Total units required for the certificate or degree**

|  |  |
| --- | --- |
| Minimum Units for the Degree |  |
| Maximum Units for the Degree |  |
| Minimum Units for Major or Area of Emphasis (For Degrees) |  |
| Maximum Units for Major or Area of Emphasis (For Degrees) |  |
| Minimum Required Certificate Units  |  |
| Maximum Required Certificate Units  |  |

**Distance Education -** Indicate the percentage of the certificate/major required courses that are approved for 100% online.

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  **0%** | [ ]  **1-49%** | [ ]  **50-99%** | [ ]  **100%** |

**Program Sequence Chart –** List the major or certificate requirements (not general education). Indicate which year/s students are recommended to complete the requirement. Place an “X” on the column/s of the terms you intend to offer the course. Note that this is subject to change due to scheduling needs and can be updated after approval.

Examples located at [**https://www.dvc.edu/academics/programs.html**](https://www.dvc.edu/academics/programs.html)

*Insert more rows as necessary.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Title** | **Units** | **Year (1, 2, or both)** | **Fall** | **Spring** | **Summer** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Master Planning** – Describe how this certificate or degree fits in the mission, curriculum, and master planning of the college and higher education in California.

|  |
| --- |
| *(Insert language here)* |

**Place of Program in Curriculum/Similar Programs** – Describe how it fits in the college’s existing program inventory.

|  |
| --- |
| *(Insert language here)* |

**Similar Programs at Other Colleges in Service Area (Career Education ONLY)** - Justification of need for program in the region. Please list similar programs at other colleges in the service area which may be impacted, including the name of the college, the name of the program that may be impacted, the name of the person you contacted and the outcome of that contact.

|  |
| --- |
| *(Insert language here)* |

**Part IV Projected Program Costs – please respond to the following questions in terms of augmentations to existing, available resources.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Description (if a “yes” response is given, please provide a brief explanation in the right column)** | **YES** | **NO** | **Ongoing Costs?** | **One-Time Costs?** | **Brief Explanation/****Expected Costs** |
| **Development Costs** | Will faculty/staff be reassigned/compensated in order to research/write curriculum, develop program? |[ ] [ ] [ ] [ ]   |
| **Faculty** | Will new faculty be required? Full-time? Part-time? |[ ] [ ] [ ] [ ]   |
| **Classified** | Will new classified be required? |[ ] [ ] [ ] [ ]   |
| **Administration** | Will support be required from administrators during program start-up? |[ ] [ ] [ ] [ ]   |
| **Institution** | Will the proposed program affect other departments or divisions? i.e. course offerings, facilities, etc. |[ ] [ ] [ ] [ ]   |
| **Training** | Are there costs to train faculty or staff in order to implement the curriculum? |[ ] [ ] [ ] [ ]   |
| **Facilities** | Are new dedicated facilities required? (i.e. Computer Lab) Are existing facilities to be remodeled? Will the new program/courses impact current offerings/schedules/room assignments? |[ ] [ ] [ ] [ ]   |
| **Library/Media** | Are additional library services/media or other resources required? |[ ] [ ] [ ] [ ]   |
| **Licensing** | Are there fees/licenses/accreditations required to operate the program? |[ ] [ ] [ ] [ ]   |
| **Software** | Is new software required? Indicate if it is cloud-based and any annual fees.  |[ ] [ ] [ ] [ ]   |
| **Equipment** | Is new equipment needed to offer the curriculum? Is there a plan for the systematic addition and/or replacement of the equipment? How frequently must the equipment be replaced? |[ ] [ ] [ ] [ ]   |
| **Supplies** | Are instructional and non-instruction supplies and materials required such as software, periodicals, office supplies, etc.? |[ ] [ ] [ ] [ ]   |
| **Potential Funding Sources** |  |

**Part V New Courses**

Will this new program result in the development of new courses? If so, complete the following table. If not, please move to Part VII.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| New Course | Recommended Class Size | Lecture hours per week | Lab hours per week | Activity Hours per week |
|  |  |  |  |  |
|  |  |  |  |  |

**Part VI Estimated Headcount, FTES, and Completer Projections**

|  |  |  |
| --- | --- | --- |
| **Unduplicated Headcount** | **Projected Annual FTES** | **Annual Completers** |
| **Year 1** | **FA** |  | **SP** |  | **Year 1** |  |  |
| **Year 2** | **FA** |  | **SP** |  | **Year 2** |  |  |

**Part VII Authorization**

Obtain signatures 1-4 **BEFORE** turning in to the Instruction Office for review.

Please email a copy of your application to the Sr. Dean of Curriculum & Instruction or the Curriculum Specialist.

|  |  |  |
| --- | --- | --- |
| Required Signatures |  | Date |
| **1. Application prepared by/Initiator** |  |  |
| **2. Division Curriculum Representative** |  |  |
| **3. Department Chair** |  |  |
| **4. Division Dean** |  |  |
| 5. Curriculum Committee Chair |  |  |
| 6. Vice President of Instruction |  |  |

*To be filled in by the Instruction Office:*

|  |  |
| --- | --- |
| Program Review Year |  |
| Curriculum Committee Program PreCheck |  |
| President’s Cabinet Approval |  |
| Advisory Committee Recommendation (CE) |  |
| Labor Market Information (CE) |  |
| BACCC Approval (CE) |  |
| Curriculum Committee Approval |  |
| Governing Board Approval Date |  |
| Chancellor’s Office Approval |  |
| CDCP Eligibility Criteria (Circle) | ESL, Elementary/Secondary Basic Skills, Short-Term Vocational, Workforce Preparation, Health and Safety |