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| Program Code: | **Current Program Name:** | **Effective Term:** |
| Division Code: | **Department:** |  |
| **Directions:**  1. Attach the current program listing from the WCC catalog or website and indicate any changes to be made.  2. Draw lines through any text that should be deleted and write in additions. Extensive narrative changes can be included on a separate sheet.  3. Check the boxes below for each type of change being proposed. Changes to courses, discontinuing a course, or adding new courses as part of the proposed program change, must be approved separately using CurricUNET, but should be submitted at the same time as the program change form.  4. If changes affect the program assessment plan or if program outcomes are updated, please submit a [Program Assessment Plan Change](https://www.wccnet.edu/mywcc/faculty-staff/curriculum/dates-forms-processes/forms/) form. These changes must be approved separately from the program change form and should be submitted at the same time. Current program assessment plans can be found on the [Curriculum and Assessment Program Information page](https://www.wccnet.edu/mywcc/faculty-staff/curriculum/course-program-data/program-information.php). | | |

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| **Requested Changes:**  Remove course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Add course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program title (new title is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Description  Advisors  Program admission requirements  Continuing eligibility requirements  **Show all changes on the catalog page you attach.**  \* Please submit a [Program Assessment Plan Change](https://www.wccnet.edu/mywcc/faculty-staff/curriculum/dates-forms-processes/forms/) form. | Program outcomes (may also result from removing or adding a course)\*  Program assessment plan\*  Accreditation information  Other  Note: A change to the Award Type requires the submission of a new program proposal form and a separate program inactivation form. Contact the Director of Curriculum & Assessment for more information. |

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| **Rationale for proposed changes:** |

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| **Financial/staffing/equipment/space implications:** |

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| **List departments that have been consulted regarding their use of this program.** |

**Signatures:**

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| --- | --- | --- | --- |
| **Reviewer** | Print Name | **Signature** | **Date** |
| Initiator |  |  |  |
| Department Chair |  |  |  |
| Division Dean/Administrator |  |  |  |
| ***Please return completed form to the Office of Curriculum & Assessment, SC 257***  **or by e-mail to curriculum.assessment@wccnet.edu**  **Once reviewed by the appropriate faculty committees we will secure the signature of the VPI.** | | | |
| **Reviewer** | Print Name | **Signature** | **Date** |
| Curriculum Committee Chair |  |  |  |
| Assessment Committee Chair |  |  |  |
| Interim Vice President for Instruction | Victor Vega |  |  |

**Do not write in shaded area. Entered in: Banner \_\_\_\_\_\_\_ C&A Database\_\_\_\_\_\_\_\_ Log File \_\_\_\_\_\_\_\_**