

LMC COVER SHEET FOR NEW CREDIT PROGRAM

PROPOSED PROGRAM TITLE Los Medanos College	CONTACT PERSON
COLLEGE Contra Costa Community College District	DISTRICT
GOAL(S) OF PROGRAM: <input type="checkbox"/> CAREER TECHNICAL EDUCATION (CTE) <input type="checkbox"/> TRANSFER <input type="checkbox"/> OTHER	
TYPE OF PROGRAM (SELECT ONLY ONE): <input type="checkbox"/> A.A. DEGREE <input type="checkbox"/> A.S. DEGREE	
CERTIFICATE OF ACHIEVEMENT: <input type="checkbox"/> 18+ semester (or 27+ quarter) units <input type="checkbox"/> 12-18 semester (or 18-27 quarter) units	

PLANNING SUMMARY

1	Program Award	Listed above	9	Faculty Workload	
2	Program Title	Listed above	10	New Faculty Positions	
3	Program Goal	Listed above	11	New Equipment	
4	T.O.P. Code		12	New Remodeled Facilities	
5	Effective Date		13	Library Acquisitions	
6	Units for Degree Major of Area of Emphasis (minimum) <i>Units must match your TMC template.</i>		14	Program Review Date (month/year)	
	Units for Degree Major of Area of Emphasis (Maximum) <i>Units must match your TMC template.</i>		15	Apprenticeship (yes/no)	
7	Total Units for Degree (minimum)	60	16	100% Distance Education (yes/no)	
	Total Units for Degree (maximum)	60	17	District Governing Board Approved (yes/no)	
8	Annual Completers		18	District Governing Board Approval Date	
9	NET Annual Labor Demand (CTE Only)				

Supporting Documentation required for this form:

1. Narrative
2. Transfer Documentation

3. *CTE Only – if the program goal is CTE or CTE and Transfer, then the following four items are required as additional supporting documentation:*
4. *a. Labor Market Information & Analysis (CTE only)*
 - b. Employer Survey (CTE only)*
 - c. CTE Advisory Council Approval Meeting Minutes (CTE only)*
 - d. Regional Consortia Approval Meeting Minutes (CTE only)*

DEVELOPMENT CRITERIA NARRATIVE & DOCUMENTATION

Attach a document that describes the development of the proposed program, addressing the five criteria as listed below. **Number** the sections of the narrative to match the lists below. If appropriate, you may note that a section is “not applicable” but **do not re-number** the sections. Provide documentation in the form of attachments as indicated.

Criteria A. Appropriateness to Mission

1. Statement of Program Goals and Objectives
2. Catalog Description
3. Program Requirements
4. Background and Rationale

Criteria B. Need

5. Enrollment and Completer Projections
6. Place of Program in Curriculum/Similar Programs
7. Similar Programs at Other Colleges in Service Area
8. Labor Market Information & Analysis (CTE only)
9. Employer Survey (CTE only)
10. Explanation of Employer Relationship (CTE only)
11. List of Members of Advisory Committee (CTE only)
12. Recommendations of Advisory Committee (CTE only)

Attachment: Labor / Job Market Data (CTE only)

Attachment: Employer Survey (CTE only)

Attachment: Minutes of Key Meetings

Criteria C. Curriculum Standards

13. Display of Proposed Sequence
14. Transfer Documentation (if applicable)

Attachment: Outlines of Record for Required Courses should be separately attached to each course

Attachment: Transfer Documentation (if applicable)

Criteria D. Adequate Resources

15. Library and/or Learning Resources Plan
16. Facilities and Equipment Plan
17. Financial Support Plan
18. Faculty Qualifications and Availability

Criteria E. Compliance

19. Based on model curriculum (if applicable)
20. Licensing or Accreditation Standards
21. Student Selection and Fees

REQUIRED SIGNATURES

Proposed Program Title Associate in Arts Degree in Theatre Arts for Transfer College Los Medanos College

LIBRARY AND LEARNING RESOURCES

Library and learning resources needed to fulfill the objectives of the program are currently available or are adequately budgeted for.

DATE	SIGNATURE, CHIEF LIBRARIAN/LEARNING RESOURCES MANAGER	TYPED OR PRINTED NAME
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CAREER TECHNICAL EDUCATION ONLY:

Program fulfills the requirements of employers in the occupation, provides students with appropriate occupational competencies, and meets any relevant professional or licensing standards.

DATE	SIGNATURE, ADMINISTRATOR OF CTE	TYPED OR PRINTED NAME
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DATE	SIGNATURE, CHAIR, CTE ADVISORY COMMITTEE	TYPED OR PRINTED NAME
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Program was recommended for approval by Regional Occupational Consortium on _____ (date).

DATE	SIGNATURE, CHAIR, REGIONAL CONSORTIUM	TYPED OR PRINTED NAME
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LOCAL CURRICULUM APPROVAL

Program and courses within the program have been approved by the curriculum committee and instructional administration, and satisfy all applicable requirements of Title 5 regulations.

DATE	SIGNATURE, CHAIR, CURRICULUM COMMITTEE	TYPED OR PRINTED NAME
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DATE	SIGNATURE, ARTICULATION OFFICER	TYPED OR PRINTED NAME
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DATE	SIGNATURE, CHIEF INSTRUCTIONAL OFFICER	TYPED OR PRINTED NAME
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DATE	SIGNATURE, PRESIDENT, ACADEMIC SENATE	TYPED OR PRINTED NAME
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COLLEGE PRESIDENT

All provisions of Title 5, Chapter 6 have been considered. The college is prepared to support establishment and maintenance of the proposed instructional program.

DATE	SIGNATURE, PRESIDENT OF THE COLLEGE	TYPED OR PRINTED NAME
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DISTRICT APPROVAL

On _____ (date), the governing board of the _____ District approved the instructional program attached to this application.

DATE	SIGNATURE, SUPERINTENDENT/CHANCELLOR OF DISTRICT	TYPED OR PRINTED NAME
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Please retain the original signature page for your records and upload a scan of the signature page as an attachment.