**Program Title**:

**Program Units:**

**Division:** **Proposing Faculty name(s):**

**Type of Program:** Transfer or Workforce

**Type of Award**:

 Non-transcriptable certificate

 Certificate of Achievement

 AA/AS Degree

**Documentation checklists:**

Transfer documentation

 Catalog Description

 List of Courses

 Articulation & transfer data

 Identification of existing program(s) at
 CSU/UCs

 Completer Projections

 Identification of any additional
 resources needed to establish program
 (i.e. faculty, equipment, etc.)

Workforce documentation

 Catalog Description

 List of Courses

 Completer Projections

 Labor Market information

 Identification of any similar program(s)
 in the area

 Identification of any additional
 resources needed to establish program
 (i.e. faculty, equipment, etc.

**Transfer/Workforce Work Group: Recommended Not Recommended**

**Comments:**

Work Group Signature: Date:

**Supervising Vice President: Recommended Not Recommended**

**Comments:**

Vice President Signature: Date:

**Planning & Resource Committee: Recommended Not Recommended**

**Comments:**

PaRC Signature: Date:

**Division Curriculum Committee: Recommended Not Recommended**

**Comments:**

Division CC Signature: Date: