

Program Modification Form

Use this form if changes are to be applied to an existing program. Attach a copy of the curriculum map used for Assessment. \*Required Fields

For curriculum changes of over 50% of a program’s curriculum, use the New Program form, choose “New from Existing Program” at the top of the form.

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| **\*Submitted by:**  | Click or tap here to enter text. | **\*Date:**  | Click to select a date**.** |

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| **\*Program Title:**  | Click or tap here to enter text. |

**\*Program Equity and Inclusion Statement:** Click or tap here to enter text.

**\*Brief description of proposed program change(s):**

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| Click or tap here to enter text. |

**\*Reason or rationale for proposed program change(s):**

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| Click or tap here to enter text. |

**\*Does this program change affect other programs or other courses? YES** [ ]  **NO** [ ]

If yes, attach document support from program faculty or course users.

**\*Does this proposal require additional resources?** **YES** [ ]  **NO** [ ]

(Equipment, personnel, etc.)Please explain:Click or tap here to enter text.

**\*Does this proposal affect an articulation agreement? YES** [ ]  **NO** [ ]

If YES, attach the articulation agreement to submission documents.

**\*Does this proposal call for teach-out for current students in the program? YES** [ ]  **NO** [ ]

If YES, attach the Teach-Out plan for current students and list semesters to completion of the Teach-Out plan.

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|  | **Current Information:** | **Proposed Information, if different or missing:** Title changes will also be reviewed by state. |
| **Program Title** |  |  |
| **Award Type & Title if different from Program** |  Certificate [ ]   Diploma [ ]   AS [ ]   AAS [ ]   | Certificate [ ]   Diploma [ ]   AS [ ]   AAS [ ]   |
| **Total Program Credits-CERT** |  |  |
| **Total Program Credits-DIP** |  |  |
| **Total Program Credits-AS** |  |  |
| **Total Program Credits-AAS** |  |  |
| **# of Terms to complete each award** |  |  |
|  |  |  |
| **\*Proposed Effective Term** (Effective term is the first day of the month when the semester begins) | Choose an item. |
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| **Program Description** (Included in Catalog)**:**  |  |  |

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| **Current Program Requirements (from NTC program webpage):**Show all current courses in program. Highlight courses that will be removed.  |
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| **Proposed Program Requirements:** Include all courses in program. Highlight courses added to program and/or changed.  |
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| **Program Level Student Learning Outcomes**  |
| **Current Information** | **Proposed Information** |
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**\*REVIEWED BY:** *It is recommended, but not required, that the Division Chair, Dean, and EVP review the proposed additions/changes to any program/courses before submission to the AASC.*

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| Division Chair |  | Click or tap to enter a date. |
| Dean |  | Click or tap to enter a date. |
| AASC Chair |  | Click or tap to enter a date. |
| EVP |  | Click or tap to enter a date. |