|  |
| --- |
| SECONDARY PROGRAM CURRICULUMClick here to enter text. |
| Program Title\*if applicable, please indicate former title in parenthesis |
| Click here to enter text. |  | Click here to enter text. |
| School |  | Department |
| Click here to enter text. |  | Click here to enter a date. |
| Author(s) |  | Date Submitted |

***Identify action to be taken below:***

Substantive Revision (SR) - all signatories except President

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **APPROVED BY NAME** | **APPROVED** | **DISAPPROVED** | **DATE** | **ACTION** |
| **DEPARTMENT CHAIR** | Click here to enter text. |[ ] [ ]  Click here to enter a date. |  |
| **CURRICULUM REVIEW COMMITTEE CHAIR** | Click here to enter text. |[ ] [ ]  Click here to enter a date. |  |
| **DEAN** | Click here to enter text. |[ ] [ ]  Click here to enter a date. |  |
| **VP, ACADEMIC AFFAIRS** | **Dr. R. Ray D. Somera** |[ ] [ ]  Click here to enter a date. |  |
| **PRESIDENT** | **Dr. Mary A.Y. Okada** |[ ] [ ]  Click here to enter a date. |  |

**Secondary Program Curriculum**

1. **TYPE OF ACTION**

*Identify the type of action that applies. (****If previous program approval form exists, please attach)****.*

A. [ ]  **Adoption** (attach a copy of the most recently approved course curriculum and update the following information)

B. [ ]  **Substantive Revision** (attach a copy of the most recently approved course curriculum and update the following information)

Select all that apply:

[ ]  Change in number of credit hours

[ ]  Change in Technical/Core Requirements

[ ]  Change in distribution of requirements affecting Related Technical or General Education Requirements, Technical/Core Requirements, or General Education Requirements

[ ]  Change (addition, revision, etc.) in Student Learning Outcomes (SLOs)

[ ]  Change in program title

 NEW TITLE Click or tap here to enter text.

[ ]  Describe above changes and specify changes not listed above:

 Click or tap here to enter text.

 C. **Non-Substantive Revision** (attach a copy of the most recently approved course curriculum and update the following information)

Select all that apply:

[ ]  Wording change in the catalog program description that does not significantly change the program content

[ ]  Change in program Related Technical and/or General Education Requirements that does not change the distribution of requirements

[ ]  Change in program General Education Requirements that does not change the distribution of requirements.

D. [ ]  **RE-INSTITUTION** (attach a copy of the most recently approved course curriculum and update the following information)

Justification for course reinstitution:

Click here to enter text.

1. **INTRODUCTION**
2. Contextual framework for request for action(s)

Click here to enter text.

1. CAREER CLUSTER PATHWAY ALIGNMENT:

*(See* [*http://www.careertech.org/career-clusters/glance/clusters-occupations.html*](http://www.careertech.org/career-clusters/glance/clusters-occupations.html) *for more information)*

Click here to enter text.

1. **program description & Student learning OUTCOMES -Program Level**

This program description will appear in the College Catalog followed by the Student Learning Outcomes – Program Level.Refer to Student Learning Outcomes (SLO) Handbook in developing SLOs (available on the Worklife tab on MyGCC).

1. MISSION:

Click here to enter text.

1. DESCRIPTION:

Click here to enter text.

1. STUDENT LEARNING OUTCOMES:

Upon successful completion of this program, students will be able to:

1 Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

[ ]  These SLOs can be measured and learning is demonstrated.

1. **RATIONALE FOR PROPOSAL**
2. Reason this proposal should be adopted in light of the College's mission statement and educational goals.

Click here to enter text.

1. Long-term employment outlook for this program area, including the number of available positions in the service area for graduates and expected salary level.

Click here to enter text.

1. Conformity of this program to legal and other external requirements. Include Guam State CTE requirements, accrediting agency standards, State Board regulations, and professional certification or licensing requirements if applicable.

Click here to enter text.

1. Results of program assessment

Click here to enter text.

1. **RESOURCE REQUIREMENTS AND estimated COSTS**
2. Resources (materials, media, equipment) and costs.

Click here to enter text.

1. Facility requirements.

Click here to enter text.

1. Does the proposed curriculum meet the requirements for Title IV Federal Student Aid?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Yes | [ ]  No | Comments: | Click here to enter text. |

1. **IMPLEMENTATION SCHEDULE**

|  |  |
| --- | --- |
| Implementation Term: | Click here to enter text. |

*\*Document must be approved by the* ***second week of March*** *for implementation the following fall semester.*A time period outside of this deadline is subject to VPAA approval.

1. **PROGRAM DESCRIPTION**
2. PROGRAM TITLE(S)

|  |  |
| --- | --- |
| Long Title: | Click here to enter text. |
| Abbreviated Title (30 characters maximum): | Click here to enter text. |

1. PROGRAM REVISION

Click here to enter text.

1. CREDITS (MINIMUM CREDITS REQUIRED)

|  |  |
| --- | --- |
| General Education: | Click here to enter text. |
| Technical/Core:  | Click here to enter text. |
| Advanced Technical: | Click here to enter text. |
| Related Tech/Gen Ed:  | Click here to enter text. |
| Electives:  | Click here to enter text. |
| Options:  | Click here to enter text. |
| **Total Number of Credits:**  | Click here to enter text. |

1. COURSE SEQUENCE

**Semester 1 (Fall):**

Click here to enter text.

**Semester 2 (Spring):**

Click here to enter text.

**Semester 3 (Fall):**

Click here to enter text.

**Semester 4 (Spring):**

Click here to enter text.

**Semester 5 (Fall):**

Click here to enter text.

1. Target Population Click here to enter text.
2. **PREREQUISITIE(S):**

Click here to enter text.

1. **CO-REQUISITE(S):**

Click here to enter text.

1. **CONTENT**

List of courses required, to include pre-requisite(s) and co-requisite(s), to complete this program in order as they will appear in the catalog. Courses grouped according to: General Education, Technical Requirements, etc. If new courses are part of the program, Course Guides must be included with this request for approval. Please describe as follows (adding a “+:” for existing prerequisites and/or co-requisites:
 ***EN110 – Freshman Composition (3)+***

1. **General Education Requirements (minimum 19 credits)**

***Unless listed below, refer to the General Education section of the catalog for details:***

***Students declared in the program must take the following for their general education requirements.***

Click here to enter text.

1. **Technical Requirements:**

**Courses:**

Click here to enter text.

**Total Technical Requirements Credits: \_**Click here to enter text.**\_\_\_\_**

1. **Advanced Technical Requirements:**

**Courses:**

Click here to enter text.

**Total Advanced Technical Requirements Credits: \_**Click here to enter text.**\_\_\_\_**

1. **Related Technical and General Education Requirements Credits**

**Courses:**

Click here to enter text.

**Total Technical and General Education Requirements Credits: \_**Click here to enter text.**\_\_\_\_**

1. **Elective Requirements:**

**Courses:**

Click here to enter text.

**Total Elective Requirements Credits: \_\_**Click here to enter text.**\_\_\_**

1. **Optional:**

**Courses:**

Click here to enter text.

**Total Optional Requirements Credits: \_\_\_**Click here to enter text.**\_\_**

1. **PROGRAM MEANS OF ASSESSMENT AND CRITERIA FOR SUCCESS**

 Click here to enter text.

1. **ARTICULATION**
2. **Secondary programs** Click here to enter text.
3. **University of Guam** Click here to enter text.
4. **Other** Click here to enter text.
5. Attach SLO Map – Program & Course Levels.
6. Attach Dual Credit Articulated Programs of Study Agreement or DCAPS (if appropriate)