

## Program Creation Process Sign-Off

**Program Title:** Noncredit ESL Certificate Intermediate

**Program Units:** 360 Hours

**Division:** Language Arts

**Proposing Faculty name(s):** Amy Sarver & Melissa Jaquish

**Type of Program:** \_\_\_\_\_ Transfer or \_\_\_\_\_ Workforce

**Type of Award:**

\_\_\_\_\_ Non-transcriptable certificate     Noncredit 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: 11/30/16

---

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

**Comments:**

PaRC Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**Division Curriculum Committee:**                       Recommended                       Not Recommended

**Comments:**

Division CC Signature: \_\_\_\_\_

Date: 10/10/16

Following the review by the listed committees, this form should be forwarded to the Office of Instruction.

10/22/14

