**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: