

October 1, 2011



California Community Colleges

NEW CREDIT PROGRAM

<p><b>Virtual Office</b> PROPOSED PROGRAM TITLE <b>Columbia College</b></p> <p><b>Yosemite Community College District</b> DISTRICT <b>Spring 2012</b> PROJECTED PROGRAM START DATE</p> <p><b>GOAL(S) OF PROGRAM:</b>  <input type="checkbox"/> CAREER TECHNICAL EDUCATION (CTE)                <input type="checkbox"/> TRANSFER                <input type="checkbox"/> OTHER</p> <p><b>TYPE OF PROGRAM (SELECT ONLY ONE):</b>  <input type="checkbox"/> A.A. DEGREE                <input type="checkbox"/> A.S. DEGREE                <input type="checkbox"/> AA-T DEGREE (for transfer)*                <input type="checkbox"/> AS-T DEGREE (for transfer)*</p> <p>CERTIFICATE OF ACHIEVEMENT:                <input type="checkbox"/> 18+ semester (or 27+ quarter) units  <input checked="" type="checkbox"/> 12-18 semester (or 18-27 quarter) units</p>	<p><b>Judy Reiman</b> CONTACT PERSON Program Coordinator, Office Technology Department 209-588-5216 PHONE NUMBER <a href="mailto:reimanj@yosemite.edu">reimanj@yosemite.edu</a> E-MAIL ADDRESS</p>
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\* The AA-T and AS-T degrees fulfill the requirements of California Education Code sections 66745-66749, also known as the Student Transfer Achievement Reform Act. See special instructions provided [here](#).

**PLANNING SUMMARY**

Recommended T.O.P. Code	514.0	Estimated FTE Faculty Workload	1
Units for Degree Major or Area of Emphasis	18	Number of New Faculty Positions	0
Total Units for Degree	N/A	Est. Cost, New Equipment	\$0
Required Units-Certificate	18	Cost of New/Remodeled Facility	\$0
Projected Annual Completers	24	Est. Cost, Library Acquisitions	\$0
Projected Net Annual Labor Demand (CTE)	14	When will this program undergo review as part of college's Program Evaluation Plan?	Month <u>January</u> Year <u>2017</u>

Attachments required for this form:

- *Required signature page -- Please retain the original signature page for your records and upload a scan of the signature page as an attachment.*
- *Development Criteria Narrative & Documentation (with all attachments):*
  - *Labor/Job Market DATA (CTE only)*
  - *Employer Survey (CTE only)*
  - *Minutes of Key Meetings*
  - *Outlines of Record for all Required Courses*
  - *Transfer Documentation (if applicable)*

## REQUIRED SIGNATURES

Proposed Program Title \_\_\_\_\_ College \_\_\_\_\_

### LIBRARY AND LEARNING RESOURCES

Library and learning resources needed to fulfill the objectives of the program are currently available or are adequately budgeted for.

\_\_\_\_\_  
DATE                      SIGNATURE, CHIEF LIBRARIAN/LEARNING RESOURCES MANAGER                      TYPED OR PRINTED NAME

### CAREER TECHNICAL EDUCATION ONLY:

Program fulfills the requirements of employers in the occupation, provides students with appropriate occupational competencies, and meets any relevant professional or licensing standards.

\_\_\_\_\_  
DATE                      SIGNATURE, ADMINISTRATOR OF CTE                      TYPED OR PRINTED NAME

\_\_\_\_\_  
DATE                      SIGNATURE, CHAIR, CTE ADVISORY COMMITTEE                      TYPED OR PRINTED NAME

Program was recommended for approval by Regional Occupational Consortium on \_\_\_\_\_ (date).

\_\_\_\_\_  
DATE                      SIGNATURE, CHAIR, REGIONAL CONSORTIUM                      TYPED OR PRINTED NAME

### LOCAL CURRICULUM APPROVAL

Program and courses within the program have been approved by the curriculum committee and instructional administration, and satisfy all applicable requirements of Title 5 regulations.

\_\_\_\_\_  
DATE                      SIGNATURE, CHAIR, CURRICULUM COMMITTEE                      TYPED OR PRINTED NAME

\_\_\_\_\_  
DATE                      SIGNATURE, ARTICULATION OFFICER                      TYPED OR PRINTED NAME

\_\_\_\_\_  
DATE                      SIGNATURE, CHIEF INSTRUCTIONAL OFFICER                      TYPED OR PRINTED NAME

\_\_\_\_\_  
DATE                      SIGNATURE, PRESIDENT, ACADEMIC SENATE                      TYPED OR PRINTED NAME

### COLLEGE PRESIDENT

All provisions of Title 5, Chapter 6 have been considered. The college is prepared to support establishment and maintenance of the proposed instructional program.

\_\_\_\_\_  
DATE                      SIGNATURE, PRESIDENT OF THE COLLEGE                      TYPED OR PRINTED NAME

### DISTRICT APPROVAL

On \_\_\_\_\_ (date), the governing board of the \_\_\_\_\_ District approved the instructional program attached to this application.

\_\_\_\_\_  
DATE                      SIGNATURE, SUPERINTENDENT/CHANCELLOR OF DISTRICT                      TYPED OR PRINTED NAME

*Please retain the original signature page for your records and upload a scan of the signature page as an attachment.*