

Program Creation Sign-Off

Program Title

Program Units:

Division:

Proposing Faculty name(s):

Type of Program: _____

Type of Award _____

Documentation checklists:

Transfer/Workforce Work Group: Comments:	Recommended	Not Recommended
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Supervising Vice President: Comments:	Recommended	Not Recommended
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Planning & Resource Committee: Comments:	Recommended	Not Recommended
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Division Curriculum Committee: Comments:	Recommended	Not Recommended
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Program Learning Outcomes:

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Item 2. Catalog Description
