EL CAMINO COLLEGE DATE:

COLLEGE CURRICULUM COMMITTEE *(month/year submitted to Curriculum Office)*

**PROPOSAL FOR NEW/MODIFIED CERTIFICATE**

**1.0 IDENTIFICATION OF NEW/EXISTING CERTIFICATE**

1.1 DIVISION:

1.2 DEPARTMENT:

1.3 CERTIFICATE NAME:

1.4.  NEW  EXISTING

1.5 TYPE OF CERTIFICATE (Select one)

|  |  |  |
| --- | --- | --- |
| Certificate of Achievement | 16 or  more units | Sequence of courses designed to develop capabilities oriented to career or general education. *(Must be submitted to the Chancellor’s Office and appears on a student’s transcript.)* |
| Certificate of Achievement | 8-15 units | Sequence of courses designed to develop capabilities oriented to career or general education. *(To appear on the students’ transcript it must be submitted to the Chancellor’s Office.)* |
| Certificate of Accomplishment | 3-15  units | Sequence of courses designed to develop capabilities oriented to career or general education. *(Is not submitted to the CO for approval. Does not appear on a student’s transcripts.)* |
| Certificate of Competency | Noncredit | Sequence of noncredit courses in a recognized career field. *(Must be submitted to the CO for approval.* |
| Certificate of Completion | Noncredit | Sequence of noncredit courses leading to improved employability or job opportunities.  *(Must be submitted to the Chancellor’s Office for approval.* |

1.6 PROPOSER: EXTENSION:

(Indicate person to whom questions should be directed.)

1.7 DIVISION CURRICULUM COMMITTEE (DCC) APPROVAL DATE:

**2.0** **PROPOSED ACTION:** (Check all that apply.)

|  |  |
| --- | --- |
| New Certificate | Program Goals and Objectives |
| New Option | Catalog Program Description |
| Inactivate Certificate | Course Requirements |
| Inactivate Option | Units |
| Reactivate Certificate | Other (Specify |
| Title: (Indicate revised title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

1. **JUSTIFICATION**:

*The justification must address all areas indicated in 2.0 and is to be written in complete sentences.*

*The addition or deletion of any course must be explained. If necessary, attachments are acceptable.*

**4.0** **PROGRAM GOALS AND OBJECTIVES:** (Required for new or modified certificates submitted to the Chancellor’s Office.)

*Certificate of Achievement: Program goals and objective must address a valid transfer, workforce preparation, basic skills, civic education, or lifelong learning purpose. For the purposes of Chancellor’s Office submission and approval, programs may select one of three program goals: transfer, Career Education (CE), or local.   
 Transfer is applied only to certificates for CSU GE-Breadth IGETC.   
 Career Education is limited to certificates in a vocational TOP Code.   
 Local is used for all other certificates, but may include certificates designed to prepare students for transfer.*

**5.0 CATALOG** **PROGRAM DESCRIPTION:** (Required for new or modified certificates submitted to the Chancellor’s Office.)

*A Catalog program description is to be no more than 125 words. A proposal for a new certificate must include a catalog program description; indicate the word count at the end of the description and list the key courses from which the description was developed. If a new option is being added to an existing certificate, review the current program description for relevancy, and, if necessary, revise the description. Any revisions to an existing description must be indicated with the highlighting of new text and/or the striking out of text that is to be removed. Indicate the word count at the end of the description. If necessary, attachments are acceptable.*

|  |
| --- |
| 6.0  **PROPOSED NEW CERTIFICATE OR PROPOSED MODIFICATIONS  Use strikeouts to indicate deletions and red font to indicate additions.** |
|  |
|
|

(Form continues below.)

1. **NOTIFICATION:** *If this proposal includes a recommendation for the addition or deletion of a course or courses from another division(s), the dean of the division submitting this proposal must notify the dean(s) and counselor(s) of the other division(s). Notification must be completed before this proposal is submitted to the Curriculum Office.*

*Deans receiving notification are responsible for informing their Division Curriculum Committees and appropriate faculty of the modifications.*

The following have been notified of additions or revisions to the certificate:

7.1 Division Dean(s): Date:

7.2 Division Counselor(s): Date:

**8.0 Program Sequencing**    
*Recommended order in which the students may complete the courses.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate Requirements** | **Dept./#** | **Course Name** *(Descriptive Title)* | **Units** | **Sequence  Semester/Year**  *(Eg. Yr 1, FA/ Yr 2, SP)* |
|  |  |  |  |  |

**Total Units:**

**Total Proposed Units Based on Sequence:**

Yr 1, Fall =

Yr 1, Spring =

Yr 2, Fall =

Yr 2, Spring =

**Total Units:**