

**Program Proposal Form**

**NEW PROGRAM:** Refer to the requirement checklist found in Appendix D.

**CHANGE** or  **DELETION,** attach a statement of justification to this form.

**For Change / Deletion Proposals:**

Indicate type of change(s) - Check all that apply:  
 Title  Number  Prerequisite(s)  Credit Hours  Description  Deletion  Other

Please provide a **brief** description of the proposed change or deletion:  
 Program description in catalog changed to reflect current Purpose, Career Opportunities and Educational Outcomes. See attached.

**For New Program Proposals:**

Proposed Program Name: \_\_\_\_\_

Department: \_\_\_\_\_

Certificate  Associate of Arts  Associate of Science  Associate of Applied Science

Total Credit Hours: \_\_\_\_\_

Prerequisites: \_\_\_\_\_

Associated Fees: \_\_\_\_\_

Associated Library/AV materials: \_\_\_\_\_

Program(s) affected: \_\_\_\_\_

*Please use rationale, format and responses that are consistent with college and MCCS policies. Course fees require a documented and itemized list of expenses per student and will require an application to the MCCS Board for approval. When appropriate attach current catalogue listing.*

**Department Chairs and Academic Dean Signatures and Chair Initials**

*Signatures of department heads affected by this proposal and the Academic Dean must be obtained prior to submission. Signatures denote consultation only.*

Submitted by: Linda Levesque \_\_\_\_\_

Cynthia Monahan \_\_\_\_\_

Academic Dean: [Signature] A.C.C. Chair Initials & Date: RCME 11-21-19

**Academic and Committee Chair Signature**

*Signature of the Chair denotes that the proposal has been approved by the ACC.*

Randal M. Cornuck \_\_\_\_\_

Academic & Curriculum Committee Chair Date: FEB. 4, 2020

**Final Approval Signature**

Susan Mingo \_\_\_\_\_

WCCC President Date: 02/07/20