

**PROGRAM APPROVAL APPLICATION**  
**NEW or SUBSTANTIAL CHANGE or LOCALLY APPROVED**  
**(This application may not exceed 3 pages)**

**Fill In Form**

Proposed Program Title

Projected Program Start Date

College

District

**Contact Information**

Voting Member

Title

Phone Number

Email

**Goal(s) of Program (Check all that apply):**

Career Technical Education (CTE)       Transfer       Other

**Type of Program (Check all that apply):**

Certificate of Achievement 12-17 (or 17-27 quarter) units       Certificate of Achievement 18+ semester (or 27+ quarter) units  
 Associate of Science Degree       Associate of Arts Degree

**Reason for Approval Request (Check One):**

New Program       Substantial Change       Locally Approved

**Program Information**

\_\_\_\_\_ Recommended [Taxonomy of Program \(TOP\) Code](#)

\_\_\_\_\_ Units for Major-Degree

\_\_\_\_\_ Total Units for Degree

\_\_\_\_\_ Required Units-Certificate

**Written Form**

**1. Insert the description of the program as it will appear in the catalog.**

2. Provide a brief rationale for the program.

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3. Summarize the Labor Market Information (LMI) and employment outlook (including citation for the source of the data) for students exiting the program.

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4. List similar programs at other 27 colleges in the Los Angeles and Orange County Region which may be adversely impacted. (There is space for 10 listings, if you need more, please contact [laocrc@sccollege.edu](mailto:laocrc@sccollege.edu))

College	Program	Who You Contacted	Outcome of Contact

