

**LSCC CURRICULUM & INSTRUCTION COMMITTEE
CREDIT PROGRAM ADDITION (FORM CPA)**

CC No. _____
20__ 20__

DATE _____

CATALOG PROGRAM TITLE _____

Type of Program: AA _____ AS _____ Certificate: 1 yr _____ ATD _____ Other (_____)

Program Hours _____ Enrollment estimates: Year 1 _____ Year 2 _____

Implementation date: Term _____ Year _____ Program Code: _____

Advisory Committee Review (if appropriate) Yes _____ No _____

CATALOG PROGRAM INTRODUCTION: (attach additional sheet)

PROGRAM OBJECTIVES: (attach additional sheets)

RATIONALE FOR IMPLEMENTATION:

Originator: (print name) _____ Signature _____ Date _____

The Department Chair signature indicates that notification of this recommendation has been sent to all full-time faculty in the academic discipline area.

Department Chair: _____ Date: _____

Dean of Programs: _____ Date: _____

The following signatures indicate approval and recommendation by the Curriculum Committee:

Curriculum Chair: _____ Date: _____ Curriculum Vice-Chair: _____ Date: _____

Vice President-Academic & Student Affairs: _____ Date: _____

President: _____ Date: _____