

Del Mar College New Program Proposal

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| 1. Division | 2. Department |
| 3. Program Name | 4. Proposed Award |
| 5. Does this program replace an existing program? NO YES If YES, which program is proposed to be replaced? | 6. Proposed Effective Date: (Semester/Year) |
| 7. College Mission Addressed by this Program: | |
| 8. How was the need for this program determined? | |
| 9. Do similar programs exist at Del Mar College? At other Texas community colleges? If so, in which department, or at which college(s)? | |
| 10. What is the projected enrollment in: Year 1 Year 2 Year 3 Year 4 Year 5 | |
| 11. How were these projections developed? | |
| 12. What are the funding costs associated with the implementation of this program for each of the 5 years projected above? | |
| Year 1 Year 2 Year 3 Year 4 Year 5 | |
| 13. What criteria will be used to measure the progress and success of the program? | |
| 14. What, if any, limitations might the college face in implementing this program? | |
| 15. How will the department reach the enrollment objectives stated above? | |
| 16. Signature of Department Chair: Date: | 17. Signature of Dean: Date: |
| 18. Signature of Curriculum Committee Chair: Date: | 19. Signature of Provost/Vice President for Academic Affairs: Date: |

Distribution of copies by the Office of the Provost/VP: (Original remains in the office of the Provost/VP)

Curriculum Committee website

Financial Aid Director

Department Chair

Division Dean

Registrar