

**AA/AS Program Outline Template**

(Program Requirements)

GENERAL INFORMATION

|  |  |
| --- | --- |
| **Program Title** | Example: Pre-Allied Health Sciences |
| **Program Award** | Example: Associate of Science |
| **TOP Code** |  |
| **Discipline Name** |  |
| **SOC Code** (CTE Only) |  |
| **Discipline** |  |
| **DE Approval** |  |
| **Unit Minimum** | 60 |
| **Unit Maximum** | 60 |
| **Program Goal(s)** | Local |

|  |  |  |  |
| --- | --- | --- | --- |
| These are the names of the processors of this document. They acknowledge and understand that all information here is complete and correct and each individual has reviewed and supports this program’s outline and narrative. | | | |
| **Faculty Author:** |  | Date: |  |
| **Area Dean:** |  | Date: |  |

TRACKING AND APPROVALS

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Control Number** |  | **Date Generated** |  |
| **Program Status** | Draft | Pending | Approved |

|  |  |
| --- | --- |
| Process Approvals | |
| Curriculum Committee Approval Date |  |
| IE/DRC Approval Date (CTE only) |  |
| Board of Trustees Approval Date |  |
| Chancellor’s Office Approval Date |  |
| Proposed Start Date | Semester/Year |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Review | | Responsible Discipline’s Name | | Month/Year |
| Immediate Cycle |  | |  | |
| Next Cycle |  | |  | |

**Program Requirements**

Add/delete rows as necessary

Sequence identifies semester (FA or SP or SU) and year (1 or 2)

Identify subtotal units for required and elective courses

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject/No.** | **Title** | **Units** | **Proposed Sequence** |
| **Required CORE Courses:** | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Subtotal** |  |  |
| **Track 1:** (if needed) | | | |
|  |  |  |  |
|  |  |  |  |
|  | **Subtotal** |  |  |
| **Track 2:** (if needed) | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Subtotal** |  |  |
|  | **Total Units** |  |  |