

PROGRAM REVISION FORM

Program Title: General Direct Transfer

Program Type: X AAS AAS-T AS ATA Certificate Other

Revised Catalog Description (one paragraph):

****Same as previous****

Requested by: DTA Faculty **Date:** 1/30/2014

Dean of Academics: _____ **Date:** _____

*** Attach copy of program description as in current catalog**

*** Attach copy of revised program, marking changes. New courses must be approved prior to approval of revised program.**

Rationale for Changes:

This aligns the program outcomes with the institutional outcomes.

FORM MUST BE ACCOMPANIED BY PROGRAM OUTCOMES

Approval Signatures:

Curriculum Committee Chair

Date

Vice President for Instruction and Student Services

Date