

New Program Checklist

Initial Approval Date: _____

Name of Program: _____

1. Description of Program	
2. Program Outcomes	
3. Program Degree Requirements	
4. Admission Requirements	
5. List of Course Prefixes and Course Numbers (<i>See Registrar</i>)	
6. CIP Code (<i>See Dean of Student Services</i>)	
7. Clock Hour Conversion for Certificates (<i>See Financial Aid Director</i>)	
8. Course Descriptions with Credit hours	
9. Curriculum Mapping	

Appropriate Supervisor Signature (Dean of Academics or CTE Director)

_____ **Date:** _____

New Course Checklist

Initial Approval Date: _____

Name of Course: 220 Parasitology, Virology, Mycology_____

1. Course Prefix and Course Number (<i>See Registrar</i>)	CLS 220
2. Course Description	Attached
3. Number of Credits	3
4. Consultation with Department Chair	Yes

Appropriate Supervisor Signature (Dean of Academics or CTE Director)

_____ **Date:** _____

Department Chair:

_____ **Date:** _____