**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 *(See Registrar)* | |
| 6. CIP Code *( See Dean of Student Services)* | |
| 7. Clock Hour Conversion for Certificates *(See Financial Aid Director)* | |
| 8. Course Descriptions with Credit hours | |
| 9. Curriculum Mapping | |

**Appropriate Supervisor Signature (Dean of Academics or CTE Director)**

**_____**          **Date: _____**