Program Revision Checklist

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: _____

Course Revision Checklist

Initial Approval Date: _____

Name of Course: _EDUC 405 Math_ Methods & Materials

1. Course Prefix and Course Number *(See Registrar)*	
2. Course Description	✓
3. Number of Credits	
4. Consultation with Department Chair	

Appropriate Supervisor Signature (Dean of Academics or CTE Director)

Jerri W. [signature]   Date: 12-5-17

Department Chair:

Teresa Delorme   Date: 12/5/17