CCC-511 Rev. March 2010



California Community Colleges

Non-Substantial Changes to Approved Program

College Gavilan College	Contact Person
District Gavilan Joint Community College	Phone #
Date Form Submitted	E-Mail
Check one of the four boxes below to indicate the t	vne of change
If you select Option 1 or 2, complete fields A – F 1. Non-substantial change to previously approved	
☐ 2. Change from INACTIVE to ACTIVE status.	Date Program Reactivated
If you select Option 3 or 4, complete fields A, B & C 3. Change from ACTIVE to INACTIVE status.	C below: Date Program Last Offered
4. Remove/Delete entry from current college prog	ram inventory

	FIELDS	AS LISTED in CURRENT INVENTORY (To be completed by Curriculum Specialist.)	AS REVISED (To be completed by Department submitting the change.)
A	Unique code		N/A – Unique code cannot change.
В	T.O.P. Code		
C	Local Title		
D	Units for Degree Major		
	or Area of Emphasis		
	Total Units for Degree		
E	Certificate Units		
\mathbf{F}	Degree Type		
\mathbf{G}	Year Approved		
H	Transfer Status		N/A – Use CCC-510 for Substantial Change
I	Occupational Status		N/A – Use CCC-510 for Substantial Change
J	By checking this box, you	a certify that this change has	
	been approved at the colle	ege.	

Attachments required for this form:

- Required signature page
- For revised and reactivated programs, attach **proposed program description** and **requirements** catalog description, list of required course titles, units, and other completion requirements, including graduation requirements for proposed associate degree.

REQUIRED SIGNATURES

College Gavila	an District Gavilan Joint C	Community College
SIGNATURES		
DATE	SIGNATURE, CHIEF INSTRUCTIONAL OFFICER	TYPED OR PRINTED NAME

Please retain the original signature page for your records and upload a scan of the signature page as an attachment.

ATTACHMENT

• For revised and reactivated programs, attach **proposed program description** and **requirements** – catalog description, list of required course titles, units, and other completion requirements, including graduation requirements for proposed associate degree or certificate of achievement.

LOCAL CUR	RICULUM APPROVAL:	
DATE	SIGNATURE, DEPARTMENT CHAIR	TYPED OR PRINTED NAME
DATE	SIGNATURE, AREA DEAN	TYPED OR PRINTED NAME
DATE	SIGNATURE, CURRICULUM COMMITTEE CHAIR	TYPED OR PRINTED NAME
DATE	SIGNATURE, CHIEF INSTRUCTIONAL OFFICER	TYPED OR PRINTED NAME
DATE	SIGNATURE, PRESIDENT FOR DISTRICT BOARD	TYPED OR PRINTED NAME

- 1. Statement of Program Goals and Objectives for existing program, including new changes:
- 2. Catalog Description for existing Program, including new option:
- 3. New Program Requirements:

Course #	Core Courses:	Unit Value
	Electives:	

Total units for the certificate or degree	
Plus completion of General Education requirements:	<u>Units Vary</u>
Total units Required for AA/AS Degree:	