



CCC CURRICULUM INVENTORY REQUIRED SIGNATURES
Program or Course Proposal: New or Substantial Change

Rev. September 2012

Title: Reading and Writing Workshop College: Gavilan College

CURRICULUM & INSTRUCTIONAL ADMINISTRATION:

The program or course has been approved by the curriculum committee and instructional administration, and satisfies all applicable requirements of the California Code of Regulations, Title 5.

<u>10/17/12</u> Date	<u>Susan Dodd</u> Name	<u>[Signature]</u> Signature, Curriculum Committee Chair
<u>10/24/2012</u> Date	<u>John Lawton-Haehl</u> Name	<u>[Signature]</u> Signature, Academic Senate President
<u>10/17/12</u> Date	<u>Kathleen Rose</u> Name	<u>[Signature]</u> Signature, Chief Instructional Officer

PRESIDENT:

All provisions of the California Code of Regulations, Title 5 have been considered. The college is prepared to support establishment and maintenance of the proposed instructional program or course.

<u>10/18/12</u> Date	<u>Steven M. Kinsella</u> Name	<u>[Signature]</u> Signature, President
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DISTRICT (check one):

On 10/08/2012 (date), the governing board of the Gavilan College District approved the program or course proposal attached to this request.

The governing board has delegated to me the authority to approve new and substantial changes to existing programs and courses, and I have approved the proposal attached to this request.

<u>10/18/12</u> Date	<u>Steven M. Kinsella</u> Name	<u>[Signature]</u> Signature, Superintendent/Chancellor
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CREDIT PROGRAM & COURSE ONLY:

The program or course has been approved by the curriculum committee and instructional administration, and satisfies all applicable requirements of the California Code of Regulations, Title 5.

<u>10/16/12</u> Date	<u>Jesus Olivas</u> Name	<u>[Signature]</u> Signature, Articulation Officer
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CAREER TECHNICAL EDUCATION (CTE) ONLY:

The program fulfills the requirements of employers in the occupation, provides students with appropriate occupational competencies, and meets any relevant professional or licensing standards.

_____ Date	_____ Name	_____ Signature, CTE Administrator
_____ Date	_____ Name	_____ Signature, CTE Advisory Committee Chair
_____ Date	_____ Name	_____ Signature, Regional Consortium Chair

NOTE: Electronic signatures are not accepted at this time. Please retain original signatures for college records and submit a scanned copy as supporting documentation to the correction, nonsubstantial change, or active/inactive status proposal in the CCC Curriculum Inventory.