PORTERVILLE COLLEGE
CURRICULUM PROGRAM REVIEW UPDATE

Name of Division:_____   Contact Person:_____
[Note: The information in this area will repeat on all pages.]

Please submit this for to the Curriculum Committee when proposing a new Course or a new Program.

~~Is this new Course/Program addressed in your current Program Review~~ How is the new course/program tied to the institutional goals, strategic plan and/or educational master plan? : ~~YES~~_____ ~~NO~~_____

~~If YES,~~ please attach the appropriate sections.

If NO, please explain why and a rationale for the new Course/Program.