



Form 1: Presentation Checklist

Delete this italicized text, and add the title of your proposal here.

Name:	Date:
Department:	
COCC Contact Information:	
Use the instructions on pp. 3 – 5 of this document to c your completed presentation checklist (<i>not</i> the instru specified deadline. Please note: If an item listed is not Academic Affairs, please mark as N/A . Use as many p	ctions) to the Academic Affairs chair by his or her ot relevant to your specific presentation to
PROPOSAL OVERVIEW	
TYPE OF AGENDA ITEM	
☐ Information Item (requires approval of AA Chair)	
Action Item	
☐ Information and committee feedback	
Procedure—revision (Attach current policy v changes)	with proposed changes illustrated with track
☐ Procedure—new (Identify suggested location	in <i>GPM</i>)
☐ Policy—revision (Attach current policy with p☐ Policy—new (Identify suggested location in G.	proposed changes illustrated with track changes)
New academic program (Complete only items document.)	
Other:	
BUDGET	
INSTRUCTIONAL REQUIREMENTS	
OPERATIONAL NEEDS, CURRENT AND FUTURE	

IDE		

ANTICIPATED IMPLEMENTATION TIMELINE

Academic Affairs Committee



FORM 1: Presentation Checklist Instructions

[Use the instructions below to fill out the presentation checklist form on page one; then e-mail that form (without the instructions) to the Academic Affairs Chair by his or her specified deadline.]

Facilitators of new or changing programs or policy should work closely with the curriculum coordinator, appropriate department chair(s) and instructional dean, or with appropriate administrative leadership to review the following list, prior to the first reading with Academic Affairs.

<u>Please note:</u> Not every item listed is required for each presentation to Academic Affairs. This list serves as a review of potential questions addressed by the Academic Affairs Committee. If an item listed is not relevant to your specific presentation to Academic Affairs, please mark it as **N/A**.

PROPOSAL OVERVIEW
Explain the rationale for your proposed new program or changes in the current program or policy including data to support your rationale (attach any necessary documents).
TYPE OF AGENDA ITEM
☐ Information Item (requires approval of AA Chair)
☐ Action Item
☐ Information and committee feedback
☐ Procedure—revision (Attach current policy with proposed changes illustrated with track
changes)
☐ Procedure—new (Identify suggested location in <i>GPM</i>)
Policy—revision (Attach current policy with proposed changes illustrated with track changes)
Policy—new (Identify suggested location in <i>GPM</i>)
☐ New academic program (Complete only items #1 and #2 on this form, and attach stage 2
document.)
Other:

BUDGET				
Review key budget items.	 Revenue projections based on student enrollment projections or other sources of income, including tuition and fees. 	 Post implementation budget including salary, benefits, materials and supplies, equipment, facilities, etc. 		
	 Start-up budget requirements including salary, benefits, materials and supplies, equipment, facilities 			
INSTRUCTIONAL REQUIRE	MENTS			
Review requirements.	 Current availability of faculty, administration and/or staff. 	 Potential impacts to all affected academic and other departments. 		
	 Minimum qualifications for faculty, administration and/or staff. 	departments.		
OPERATIONAL NEEDS: CUI	RRENT AND FUTURE			
Review possible operational needs.	 Existing resources including faculty, administration, staff, equipment. Involvement of department 	 Required administrative support. Facility needs, including location, amount of space, construction or remodeling requirements. 		
	with oversight of program or process	remodering requirements.		
	 Potential impacts to administrative and student support departments including Enrollment Services, Financial Aid, CAP Center, Library, Tutoring and Testing, Information Technology Services, and others. 			
STUDENT IMPACT				
☐ Identify student impact	Identify and quantify potential student impact.			
	 Minimize negative student impact through teach- outs, grandfather clauses, substitutions or other options. 			
	Communication planning.			
ANTICIPATED IMPLEMENT	CATION TIMELINE			
Anticipated Timeline	 Designate affected department(s) and include names and positions of faculty, administration and staff involved in implementation. 			
	Identify current process adjustments.			

- Change *General Policy Manual* as needed.
- Communication planning.
- Anticipated implementation date