Appendix A

Program Name:

PROGRAM EVALUATION REQUEST FORM

or al sh th	the Program Review Committee, ong with the program's most rece all forward it CIO. The decision to	be completed by members of the administration or facule, or the Academic Senate. Submit the completed request, ant Program Review, to the appropriate Dean/Director who move the request forward to the CEO is made jointly be Co-Presidents. The CEO determines whether the Program ith the evaluation process.	10
M	ULTIPLE INDICATORS (plea	se check multiple indicators below)	
✓		e check the indicators below)	
		east three of the last five years.	
		below the district average, or has declined at least three of	of
	the last five years.		
		y below the district average, or have declined at least	
	three of the last five years.	3 /	
		ntly below the district average, or have declined at least	
	three of the last five years.	, 8,	
		nsistently below the division's district average, or have	
	declined at least three of the		
		ourses for students to complete the program within its	
	stated duration.	surses for students to complete the program within its	
		Chancellor's Office priorities or College mission.	
	Nonaligned with federal and	state law.	
	Lack of available program pe	ersonnel (faculty/staff).	
	Inadequate equipment and/or		
	Changes in the local and/or r		
	Changes in community/stude	ent needs or interests.	
	Change in transfer requirement		
	Diminished outside funding		
	Program creates financial ha		
	Budget concerns and lack of		
	Outdated curriculum.		
	Other:		
N	me/s of Requestor	Date	
A_{1}	oproved De	enied	
 Pro	esident/Superintendent	Date	
ASPC Current Draft		AGENDA ITEM 3.1	
. Si C Carrelle Diale		AGENDATIEN 3.1	