**PROPOSED NEW CURRICULAR PROGRAM OFFERING**

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| --- | --- |
| Submission Reference Number |  |
| Received by |  |
| Date Received |  |

*To be filled out by OCI*

|  |  |
| --- | --- |
| College |  |
| Department |  |
| Proposed Program |  |
| Specialization/Major | *(Please delete this row if it is not applicable.)* |
| CMO Reference |  |

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| --- |
| I. Executive Summary |

<Text here>

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| II. Description and Rationale of the Revised Curricula |

<Text here>

|  |
| --- |
| III. Results of the Feasibility Study |

<Text here>

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| IV. Proposed Curriculum |

4.1 Institutional Outcomes

4.2 Program Educational Objectives

4.3 Program Outcomes and Performance Indicators

4.4 Curriculum Map

4.5 Curriculum Prospectus

4.6 Summary of Units per Term

4.7 Course Descriptions

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| --- |
| V. Faculty and Staffing |

<Text here>

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| VI. Resources and Facilities |

<Text here>

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| VII. Implementation and Sustainability Plan |

<Text here>

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| VIII. Recommendations |

<Text here>

**Proponent:**

[**NAME IN BOLD UPPERCASE**]

[Designation]

[**NAME IN BOLD UPPERCASE**]

[College Dean] *(Please delete signatory if it is not applicable)*

Recommending Approval:

[**NAME IN BOLD UPPERCASE**]

Vice President for Academic Affairs

Approved:

[**NAME IN BOLD UPPERCASE**]

University President

**Committee Approval:**

**PROGRAM DEVELOPMENT COMMITTEE**

*(NOTE: Please refer to the “Standards and Guidelines for Revising a Curriculum and Offering a New Curricular Program” (TSU-OCI-OM-01) for the composition of the committee. Kindly delete all NOTES and prompts once addressed or completed.)*

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Chairperson Vice-Chairperson

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Member Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Member

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Member Member