



TRANSFER DEGREE PROGRAM APPROVAL REQUEST

Purpose

The purpose of this document is to seek approval for _____ community or technical college to offer a Transfer Degree Program in _____ which is supported by the Major Related Programs of study _____.

Signatures below provide verification that the above named community or technical college has worked collaboratively with neighboring colleges to ensure that implementation of the Transfer Degree Program named above does not harm neighboring college enrollments.

Course work supported by Major Related Program

Course Title	Course Number	Credits

Signatures

Proposing college

College	Vice President for Instruction	Date
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Neighboring colleges

College Name	Vice President for Instruction	Date

The completed program approval request form should be emailed to Val Sundby, vsundby@sbctc.edu.