

**CURRICULUM DEVELOPMENT CENTER
CDC(02)**



**NEW CURRICULUM
DEVELOPMENT FORM**

College/Institute/Special Courses: _____

Scientific Department:

Program Title: _____

Proposed date to implementation: _____

Head of
Scientific Department

Dean of the College/
Director of the Institute

Signature

Signature

Date: _____

Date: _____

Signature of DDG for Applied Education and Training

Date: _____

Note: *To be submitted no later than the second week of the semester.*

Aims in developing curriculum:

- Incorporate scientific changes as needed
- Provide various job market needs
- Others, if any.

Admission requirements if applicable:

Available facilities (in numbers) for proposed program development:

	Available	Recommended
1. Human Resources		
Training/Faculty Member	<input type="checkbox"/>	<input type="checkbox"/>
Lab. Technician	<input type="checkbox"/>	<input type="checkbox"/>
Workshop Technician	<input type="checkbox"/>	<input type="checkbox"/>
2. Technical Facilities		
Classrooms	<input type="checkbox"/>	<input type="checkbox"/>
Laboratories	<input type="checkbox"/>	<input type="checkbox"/>
Workshops	<input type="checkbox"/>	<input type="checkbox"/>

Other Recommended Notes:

Summary of occupational traits:

Program description:

Program course description:

Syllabus:

Name/s of Universities applies:

Complete Table No.1 and Table No.2.

Attachments:

1. Initial studies to determine the job market's needs for the appropriate graduate numbers.
2. Other Information.

Complete Table No.1 and Table No.2.

Attachments:

3. Initial studies to determine the job market's needs for the appropriate graduate numbers.
4. Other Information.

Table No. 1: Suggested participants of faculty members/trainers:

Name	Job Title	Major	Scientific Dept.	Tel. No.

Table No. 2: Suggested participants from different job market authorities

Name	Organization	Job Title	Specialization	Tel. No.
