AA-T/AS-T REVIEW CHECKLIST

College Name: Discipline:		
Action : ■ New ■ Modification Date	e Submitted:	1st Review on:
FINAL APPROVAL DATE:	By:	Control #:
COCI2 Fields/Program Details		
Program Title – approved AA-T/A Program Goal – Transfer Program Award –approved desig Program TOP Code – same TOP C District Governing Board Appro Next Program Review – date sho Total Units for Degree (min) –60 Total Units for Degree (max) –60	nation as AA-T or AS-T or Code listed on TMC val Date – a historical d uld be within 5 years of O is entered (per SB1440	selected late (prior to submission) is entered latest approval 0 60 units are required)
Total Units for Major (min) – as 1 Total Units for Major (max) – as Courses - All courses listed in COC Courses - All courses listed in COC	listed on TMC II2 have a corresponding	_
ADT Required Attachments TMC Template Current revision of Template is a college name is entered above T All courses have a course ID, title articulary and the courses have verified articulary articulary and the course shade articulary and the courses have verified articulary articulary and the courses have verified articulary	MC Template grid e, and unit amount in contion in C-ID or ASSIST (counted) /AS-T) Objectives	(AAM, GECC, and/or BCT)
☐ Course Outline of Record per Tite ☐ Unit value ☐ Expected Number of Contact Hore ☐ Outside of Class Hours ☐ Total student learning hours for ☐ Prerequisites, co-requisites, or a ☐ Catalog description ☐ Objectives ☐ Content ☐ Examples of Assignments ☐ Other outside-of-class assignment ☐ Instructional Methodology ☐ Methods of Evaluation	urs a course as a whole dvisories on recommen	