

**REVISIONS TO DISCIPLINES LIST FORM**

**PLEASE TYPE**

(Note: Only typed forms will be accepted.)

**DATE SUBMITTED:** \_\_\_\_\_

**DISCIPLINES LIST TITLE:** \_\_\_\_\_

This proposal is for a  New discipline  
 Revision to existing discipline

Reason for the proposal  Create a new discipline  
 Update language in existing discipline to reflect new terminology  
 Make minimum qualifications in existing discipline more restrictive  
 Make minimum qualifications in existing discipline less restrictive

**PROPOSAL LANGUAGE:** (If this is an existing minimum qualification, please include the original language and change using strikeouts and *italics*).

**PROPOSAL EVIDENCE:**

Any Disciplines List proposal must have the following evidence, which is essential because it provides the rationale about why the change is needed as well as inform the field that the research has been completed to ensure that the change is necessary. A lack of documentation about the need of Discipline List Revision may cause the proposal to be delayed or rejected by the Executive Committee. Please use the following check list to ensure all you have conducted all necessary research.

Required investigation of the following and statement of findings:

- Contacted an associated professional organization to determine support of proposal
- Included evidence of degrees within the proposed revision of the discipline or new discipline.
- Provided a list of the titles of the degrees and programs to document the need for a new or revised discipline using the below criteria:
  - Minimum of three degrees
  - Regionally accredited institutions (all public institutions in California)
  - Disciplines in the Master's List requires evidence of the availability of masters degrees
  - Disciplines in the Non-masters List requires evidence of the availability of degree, certification, and/or professional experience, if necessary
- Provided statewide need documented by evidence to show a change is necessary and not merely a response to a unique need of one college, district or region. Demonstrated a balance of need across the state and included a discipline seconder from another district.
- Explained the impact of proposal across the state using a list the pro and con arguments and including refutation of the con arguments
- Provided other evidence such as significant changes to the field that requires a change to the Disciplines List.
- Provided a ½ page written rationale to be included in public documents.

**SUBMISSION**

Once a proposal is received by the Senate Office, it is reviewed by staff to ensure that all the information is complete and includes the revision, contact information, appropriate signatures and rationale. The Senate Office will also check to ensure that the proposal has not previously been considered and rejected by the delegates at a plenary session or, if it has, it is supported by a new rationale. The proposal is then sent to the S&P Chair to review the Senate Office information and to ensure that the proposal meets the initial requirements of the Disciplines List review process as well as to verify that the proposal is not being submitted to deal with a district-specific problem that does not apply broadly. If there are any concerns with the proposal, the S&P Chair, working with the S&P Committee, will immediately follow up with the initiator.

**The contact person (or a designee) will be required to attend hearings where the proposal is presented. These hearings are typically held at the ASCCC plenary sessions. It should be noted that the contact person is responsible for investigating and documenting the need for changes to the Discipline List.**

Please reference the Disciplines List Handbook for information about the process including the role of the initiator, the Standards and Practices Committee, the Executive Committee, and the delegates. This handbook can be found on our website at <http://asccc.org/disciplines-list>.



Contact person (author of proposal) \_\_\_\_\_

Phone number (please provide at least two numbers) \_\_\_\_\_

Email \_\_\_\_\_

Seconder (must be from another District) \_\_\_\_\_

Phone number (please provide at least two numbers) \_\_\_\_\_

Email \_\_\_\_\_

**Signature of College Academic Senate President<sup>1</sup>** \_\_\_\_\_

College \_\_\_\_\_

Email \_\_\_\_\_ Date approved by College Academic Senate \_\_\_\_\_

**OR**

Organization \_\_\_\_\_

President \_\_\_\_\_

Date Approved by Organization \_\_\_\_\_ Phone for President \_\_\_\_\_

**RETURN FORM TO:**

The Academic Senate for California Community Colleges  
One Capitol Mall, Suite 340, Sacramento, CA 95814  
Email: [disciplineslist@asccc.org](mailto:disciplineslist@asccc.org)

<sup>1</sup> By signing this document, the Senate President is certifying that the required investigation and statement of findings have been sufficiently addressed.