



Alabama Community College System Application for a New Instructional Program

A. General Information:

1. Name of Institution: Chattahoochee Valley Community College
2. Program Title: Visual Communications Prefix: VCM
3. Date of Application Submission: _____
4. Proposed Program Implementation Date: _____
5. Degree Requested A.A.S. CER: _____ STC _____ CIP Code 50.0402
6. Marketing Name: Multimedia Communications
7. Options (if any): (1) Multimedia Graphic Design, and (2) Simulation and Modeling
8. Location: Campus X Instructional Site _____
 Off-Campus Site _____ Clinical/Industrial Site _____
 Agencies _____
9. Interactive Distance Learning Delivery:

Substantial	Yes	%	Partial	Yes	%	No
			X	X	30	

B. Institutional Approval:

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 Program Director or Department Head

Philip Cleveland Telephone 334-291-4981 Fax _____ E-mail philip.cleveland@cv.edu
 Instructional Officer

Philip Cleveland Telephone 334-291-4981 Fax _____ E-mail philip.cleveland@cv.edu
 President