

**IMPERIAL VALLEY COLLEGE  
PROGRAM REVIEW COVER AND SIGN-OFF SHEET**

PROGRAM/DEPARTMENT NAA - Medical Assisting ACADEMIC YR. 14-15

Budget

Academic Program Review       Service Area Program Review

Program Review Completed by: Enhanced Budget Request

Printed Name	Title	Signature/Date
Susan Carreon	Assoc. Dean, NAA	Susan Carreon 3/26/14

Program Chair/Coordinator/Director:

Printed Name	Title	Signature/Date

Area Dean:

Printed Name	Title	Signature/Date
Tina Aguirre	Dean	T. Aguirre 3/27/14

Area Vice President:

Printed Name	Title	Signature/Date
Kathy Berry	CIO	Kathy Berry 4/10/14



# Imperial Valley College

## *Program Review*

### Technology Resource Requests

TECHNOLOGY NEEDS for ORG 678 - Medical Assistance AND PROGRAM 1200 - Health:									
# Goal	Goal Description	Item Name	Cost	Qty.	Prio.	New	Rev.	Grouping	Total
1	2	Goal Two (Student Learning Programs and	copy/print	\$500	1	2	Yes	No	
<b>Totals:</b>									<b>\$500</b>
<b>Long Justifications:</b>									
1 Program has had insufficient budget to meet instructional needs									

**Grand Total:                    \$500**