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

PROGRAM/DEPARTMENT	Budget   Service	ACADEMIC YR. 14-15  Area Program Review
Program Review Completed by:	Enhanced Bud	
Printed Name	Title	Signature/Date
Susan arreon	Asso, Dean NAH	Susan biran 3/26/19
Program Chair/Coordinator/Director:		·
Printed Name	Title	Signature/Date
Area Dean:		
Printed Name	Title	Signature/Date
Ina of quire	Dean	Aguerre 3/27/14
Area Vice President:		
Printed Name	Title O	Signature/Date
Kathy BERREY	Durchser	Vice President, Academic Servi
1. 11.		7.1



## Imperial Valley College

## Program Review

**Routine Operational Income Resource Requests** 

# Goal Goal Description	Item Name	Cost	Qty. Prio. New Rev.	Grouping	Tota
	rograms and virtual pharmacist software	\$6,500	1 10 Yes No		\$6,500
				Totals:	\$6,500
ng Justifications:			***		

Grand Total:

\$6,500