

Appendix A

Course Proposal Form

NEW COURSE: Refer to the requirement checklist found in Appendix B.

CHANGE or **DELETION,** attach a statement of justification to this form.

For Change / Deletion Proposals:

Indicate type of change(s) - Check all that apply:
 Title Number Prerequisite(s) Credit Hours Description Deletion Other

Type of course: Required for major General Education Elective CED Course

Please provide a *brief* description of the proposed change / deletion:
 Change MOT 220, Phlebotomy to MOT 223
 Phlebotomy and infection control.

For New Course Proposals:

Proposed Course Code: MOT 223 **Course Name:** Phlebotomy and infection control

Credit Hour Breakdown: 3 Lecture, ___ Lab, ___ Shop, ___ Other, please explain: _____

Prerequisites: MOT 125 B - a letter and + Health History (Comp. Learning Found.)

Associated Fees: NA

Associated Library/AV materials: NA

Program(s) affected: Medical Assisting

Please use rationale, format and responses that are consistent with college and MCCS policies. Course fees require a documented and itemized list of expenses per student and will require an application to the MCCS Board for approval. When appropriate attach current catalogue listing.

Department Chairs and Academic Dean Signatures and Chair Initials

Signatures of department heads affected by this proposal and the Academic Dean must be obtained prior to submission. Signatures denote consultation only.

Submitted by: Cynthia Monahan
Cynthia Monahan 10-21-19

Academic Dean: [Signature] **A.C.C. Chair Initials & Date:** RLM^cC 10-29-19

Academic and Committee Chair Signature

Signature of the Chair denotes that the proposal has been approved by the ACC.

Academic & Curriculum Committee Chair _____
Date

Final Approval Signature

WCCC President _____
Date