

Program Proposal Form

- NEW PROGRAM:** Refer to the requirement checklist found in Appendix D.
- 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

Please provide a brief description of the proposed change or deletion:
 Replace MDT 220 Phlebotomy with MDT XXX Phlebotomy and Infection Control as a medical assisting program requirement.

For New Program Proposals: CNA

Proposed Program Name: _____

Department: _____

Certificate Associate of Arts Associate of Science Associate of Applied Science

Total Credit Hours: _____

Prerequisites: _____

Associated Fees: _____

Associated Library/AV materials: _____

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: Amthia Monnard

Amthia Monnard 10-21-19

Academic Dean: [Signature] **A.C.C. Chair Initials & Date:** RMC 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