

135 pre-req.

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:

add MDT103 as a pre-requisite to MDT135, Clinical office Prac. I.

For New Course Proposals: NA

Proposed Course Code _____ Course Name: _____

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

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: Cynthia Monalland
Cynthia Monalland 10-21-19

Academic Dean: [Signature] A.C.C. Chair Initials & Date: RM/C 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 _____