

130 Prereq



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 MOT 103, Introduction to medical assisting as a prerequisite requirement for MOT 130, Medical Office Administration

For New Course Proposals:

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: Christie McCalland \_\_\_\_\_  
Christie McCalland 10-25-19 \_\_\_\_\_

Academic Dean: Dei L. McCall A.C.C. Chair Initials & Date: RMB 10-29-19

Academic and Committee Chair Signature

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

Randal H. McCormick FEB. 4, 2020  
 Academic & Curriculum Committee Chair Date

Final Approval Signature

Susan L. Mord 02/07/20  
 WCCC President Date