

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:		
<input type="checkbox"/> Title	<input type="checkbox"/> Number	<input checked="" type="checkbox"/> Prerequisite(s)
<input type="checkbox"/> Credit Hours	<input type="checkbox"/> Description	<input type="checkbox"/> Deletion
<input type="checkbox"/> Other		
Type of course:		
<input checked="" type="checkbox"/> Required for major	<input type="checkbox"/> General Education Elective	<input type="checkbox"/> CED Course
Please provide a <i>brief</i> description of the proposed change / deletion:		
Add the prerequisite of TEC 151 to new course EIT 225		

For New Course Proposals:	
Proposed Course Code	<u>EIT 225</u>
Course Name:	<u>Industrial Inst., Auto., and Proc. Control</u>
Credit Hour Breakdown:	<u>3</u> Lecture, ___ Lab, ___ Shop, ___ Other, please explain: _____
Prerequisites:	<u>TEC 151</u>
Associated Fees:	_____
Associated Library/AV materials:	_____
Program(s) affected:	<u>Associate in Applied Science in Electromechanical Instrumentation Technolugu</u>
<i>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.</i>	

Department Chairs and Academic Dean Signatures and Chair Initials	
<i>Signatures of department heads affected by this proposal and the Academic Dean must be obtained prior to submission. Signatures denote consultation only.</i>	
Submitted by:	_____
Academic Dean:	<u>[Signature]</u>
A.C.C. Chair Initials & Date:	<u>RM/CC 1-15-2020</u>

Academic and Committee Chair Signature	
<i>Signature of the Chair denotes that the proposal has been approved by the ACC.</i>	
Academic & Curriculum Committee Chair	Date
_____	_____

Final Approval Signature	
WCCC President	Date
_____	_____