

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:

MDT 103 → Add the following courses as additional pre-requisites to MDT245, Clinical Medical Cooperative Practicum. MDT125, MDT130, MDT133, MDT221, MDT223, MDT227. MDT235 and MDT135 are already pre-requisites and they should remain as pre-requisites.

For New Course Proposals:

Proposed Course Code NA Course Name: _____

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

Prerequisites: _____

Associated Fees: _____

Associated Library/AV materials: _____

Program(s) affected: _____

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 Moholland _____

Cynthia Moholland _____

Academic Dean: *[Signature]* _____ A.C.C. Chair Initials & Date: RLM^c 1/21/19

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