

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 MOT 290 Phlebotomy with
 MOT 29X Phlebotomy and Infectious Control

For New Program Proposals: *is a Medical Assisting Program*

Proposed Program Name: NA *Required*

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: Amelia Monahan

Amelia Monahan 10-21-19

Academic Dean: Randy M... **A.C.C. Chair Initials & Date:** RLMC 10-29-19

Academic and Committee Chair Signature

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

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

Final Approval Signature

Jessica R. Mingo 02/07/20
 WCCC President Date