MISSISSIPPI DELTA COMMUNITY COLLEGE
All Campuses

COLLEGE CURRICULUM COMMITTEE

Course Request Form

CHECK THE DESIRED ACTION (S)

_____ Addition of New Course   _____ Change in Course Title

_____ Deletion of Existing Course   _____ Change in Course Number or
                                                        Double Number

_____ Change in Course Description   _____ Change in Lecture, Lab

COURSE INFORMATION

Course Prefix _____   Course # _____   Prerequisites _____

Course Title _____

Lecture Hours _____   Lab Hours _____   Semester Credit Hours _____

Course Description _____

_____

_____

Course Equivalent at the following Mississippi four- year colleges/universities _____

_____

Change Would Be Effective _____ Semester _____ Year

ROUTING PROCEDURES

Department Chairperson _____   Date _____

Division Dean   _____   Date _____

Vice President   _____   Date _____

ACTIONS

Committee   Approved _____ Disapproved _____   Initial _____ Date _____

Vice President Approved _____ Disapproved _____   Initial _____ Date _____

President   Approved _____ Disapproved _____   Initial _____ Date _____