MISSISSIPPI DELTA COMMUNITY COLLEGE

ALL CAMPUSES

COURSE ACTION REQUEST

☐ **NEW** ☐ **REVISION** ☐ **DELETION** **Dept/Div:** _____

SEMESTER CHANGE TO BE EFFECTIVE:_____ (Semester/Year)

LIST NAME OF COURSE AND if REVISED, **identify specific change**(s): _____

_____

_____

[**Attach syllabus if the request is for a new course**.]

CURRENT VERSION IN CATALOG:

PREFIX:_____COURSE NUMBER:_____HOURS CREDIT: _____NON-CREDIT: _____

PREREQUISITES: _____

COREQUISITES: _____

COURSE TITLE: _____
(maximum 30 spaces)

COURSE DESCRIPTION (exactly how it is currently listed in the *Catalog/Student Handbook*)
**attach additional pages as needed*

PROPOSED VERSION FOR CATALOG:

PREFIX:_____ COURSE NUMBER:_____ CREDIT HOURS: _____

PREREQUISITES: _____

COREQUISITES: _____

COURSE TITLE: _____
(maximum 30 spaces)

COURSE EQUIVALENT AT THE FOLLOWING MS 4-YR. COLLEGES/UNIVERSITIES: _____

GRADE MODE: _____ METHOD OF INSTRUCTION: _____

COURSE DESCRIPTION [1) state exactly how it is proposed to be entered in the *Catalog*; 2) attach additional pages as needed; **attach specific pages of the Catalog where course should be listed**.]

JUSTIFICATION OF NEED:
(1) Why is this new course or change needed?

CURRICULUM IMPACT ☐ N/A

1. Is this new course required for an existing major or is it an elective? If required, which major(s)?

2. Is this course intended to replace a current course planned for deletion? If not, will this course add hours to the degree?

NEW RESOURCES REQUIRED ☐ N/A

1. The addition of this course will require:
   ☐ additional adjunct or overload ☐ new full-time faculty ☐ no additional faculty

2. If no additional faculty are needed, are there credentialed/qualified faculty currently employed to teach this course? ☐ Yes ☐ No

OTHER RESOURCES ☐ N/A

1. Are current equipment and supplies adequate to teach this course? ☐ Yes ☐ No ☐ N/A
   If no, what is required and what is the cost?

2. Are current consumables, materials, software adequate to teach this course? ☐ Yes ☐ No ☐ N/A
   If no, what is required and what is the cost?

3. Are current Library resources adequate to teach this course and meet accreditation requirements?
   If no, what is required and what is the cost? ☐ Yes ☐ No ☐ N/A

4. Are current facilities adequate to teach this course? ☐ Yes ☐ No ☐ N/A
   If no, what is required and what is the cost?

DEPARTMENTS AFFECTED BY PROPOSAL:
(Indicate which departments affected by this proposal you contacted and discussed this proposal.)

Chair	Department	Date of Discussion

APPROVAL SIGNATURES:

Department/Division Chair	Date	Instructional Council Chair	Date
Vice President of Instruction	Date	President	Date

Instructional Council Action Date: APPROVED:_____ DENIED:_____ TABLED_____