MISSISSIPPI DELTA COMMUNITY COLLEGE
ALL CAMPUSES
CURRICULUM ACTION REQUEST

For all requests attach: 1) current catalog pages and 2) proposed catalog pages after change effective.

Department/Division: _____ Date:_____

TYPE OF REQUEST

☐ NEW Major ☐ Revised Major

☐ Other _____

Name of NEW or REVISED **Degree & Major**: _____

SCOPE OF REQUEST

☐ New course(s) required (attach Course Action Request)

☐ No new courses required

☐ Course change or deletion (attach Course Action Request)

☐ Other _____

SEMESTER CHANGE IS TO BE EFFECTIVE: _____

I. PROPOSAL SUMMARY: [What **SPECIFIC** changes are you requesting?]

II. JUSTIFICATION:

a) Why is this new program or change needed?

b) If a new program, how does this program support the mission and goals of the College or Department/Division or help us attract and retain more students?

III. CATALOG COMPARISON OF CURRENT AND PROPOSED CURRICULA:

1. Attach complete catalog entry for a new program.
2. **Attach current AND proposed catalog copy if the request is for a curricular revision.**

IV. CURRICULUM IMPACT ☐ N/A

1. Does this program replace an existing program? ☐ Yes ☐ No ☐ N/A
   If yes, which one?

2. Is there a state or national accreditation available for this program? ☐ Yes ☐ No ☐ N/A
   If yes, which one?

V. NEW RESOURCES REQUIRED ☐ N/A

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

VI. OTHER RESOURCES ☐ N/A

1. Are current equipment and supplies adequate for this new/revised program? ☐ Yes ☐ No ☐ N/A
   If no, what is required and what is the cost?

2. Are current consumables, materials, software adequate for this new/revised program? ☐ Yes ☐ No
   If no, what is required and what is the cost?

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

4. Are current facilities adequate for this new program? ☐ Yes ☐ No ☐ N/A
   If no, what is required and what is the cost?

VII. OTHER:

COURSES TO BE OFFERED DURING THE FRESHMAN YEAR:

First Semester	Credit Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Second Semester	Credit Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COURSES TO BE OFFERED DURING THE SOPHOMORE YEAR:

First Semester	Credit Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Second Semester	Credit Hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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: APPROVED: _____ DENIED: _____ TABLED_____