

MISSISSIPPI DELTA COMMUNITY COLLEGE  
All Campuses

COLLEGE CURRICULUM COMMITTEE

<b>Policy Request Form</b>
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**STATEMENT OF PROPOSED POLICY**

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**JUSTIFICATION FOR PROPOSED POLICY**

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**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 \_\_\_\_\_