MISSISSIPPI DELTA COMMUNITY COLLEGE All Campuses

COLLEGE CURRICULUM COMMITTEE

Program of Study Request Form PROGRAM INFORMATION Name of Program Program Location _____ Change Would Be Effective ______ Semester _____ Year COURSES TO BE OFFERED DURING THE FRESHMAN YEAR **First Semester** Lec Hrs Lab Hrs **Others Second Semester** Lec Hrs Lab Hrs **Others**

COURSES TO BE OFFERED DURING THE SOPHOMORE YEAR

First Semester			Lec Hrs	Lab Hrs	Others	
Second Semester			Lec Hrs	Lab Hrs	Others	
			Total Semest	er Credit Hours		
ROUTING PROCED	OURES					
Department Chairperson				Date		
Division Dean				Date		
Vice President				Date		
ACTIONS						
Committee	Approved	Disapproved _	Initia	al Dat	e	
Vice President	Approved	Disapproved _	Initia	al Dat	e	
President	Approved	Disapproved	Initia	al Dat	e	