MISSISSIPPI DELTA COMMUNITY COLLEGE

NON-CREDIT COURSE REQUEST FORM

CHECK THE DESIRED ACTION(S)

☐ Addition of New Non-Credit Course
☐ Revision of Existing Non-Credit Course
☐ Deletion of Existing Non-Credit Course

COURSE INFORMATION

Proposed Course Title:

Brief Course Description:
(Include key learning objectives and intended audience)

Instructor Name & Contact Information:

Instructor Credentials or Experience Related to Topic:

COURSE LOGISTICS

Preferred Start Date(s): _____
Preferred Time(s) of Day: _____
☐ Morning ☐ Afternoon ☐ Evening ☐ Weekend

Proposed Duration:
Total Hours: _____

Number of Sessions: _____
Days of the Week: _____

Preferred Campus or Location:
☐ Moorhead ☐ Greenville ☐ Greenwood ☐ Online ☐ Other (specify):
_____

Classroom or Facility Needs (e.g., computers, CPR equipment, mirrors, open space):

_____

_____

Minimum/Maximum Enrollment:
Minimum _____ / Maximum _____

Estimated Course Fee (if applicable): $_____
(Includes cost of materials, instructor fee, etc. – to be finalized with Office of Instruction and Business Services)

Are Supplies/Materials Included?
☐ Yes ☐ No
If no, list items participants need to bring:

_____

_____

MARKETING & PROMOTION

Suggested Audience for This Course:
(e.g., seniors, working adults, beginners, teens, health professionals)

_____

How do you recommend we promote this course (final approval by Director of Public Relations)?
☐ MDCC Website ☐ Social Media ☐ Flyers/Posters
☐ Email List ☐ Community Partners (specify): _____
☐ Other: _____

_____

APPROVALS

Requested By: _____

Department/Division (if applicable): _____

Date Submitted: _____

Approved by Site Director (if applicable)

Signature _____ Date _____

Approved by Supervising Vice President

Signature _____ Date _____

Approved by Vice President of Business Services

Signature _____ Date _____

Approved by Provost/Vice President of Instruction:

Signature _____ Date _____