

MISSISSIPPI COMMUNITY COLLEGE BOARD

Request to Change Semester Credit Hours

(Please type)

College:		Contact Person:	
Phone #:	Email Address:		Date of Request:
Location(s) – (Show Branch, Center or Campus where Course is to be Taught)			Program Title & CIP:

Course #	Course Name	Semester Credit hrs as listed in framework (Include lecture, lab & clinical breakdown, if applicable)	ADJUSTED Semester Credit Hrs (Include lecture, lab & clinical breakdown, if applicable)	New Course #
Ex: ABT 1313	Refinishing I	3 sch: 2 hr. lec, 2 hr. lab	4sch: 3 hr lec., 2 hr. lab	ABT 1314

Rational for change:

Course #	Course Name	Semester Credit hrs as listed in framework (Include lecture, lab & clinical breakdown, if applicable)	ADJUSTED Semester Credit Hrs (Include lecture, lab & clinical breakdown, if applicable)	New Course #

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Rational for change:

Return to: Bronwyn Robertson

brobertson@mccb.edu

Mississippi Community College Board
3825 Ridgewood Road, Jackson, MS 39211

SBCJC USE ONLY

Reviewed by: _____

Approved by SBCJC on: _____

Comments: