

**MISSISSIPPI COMMUNITY COLLEGE
CAREER-TECHNICAL EDUCATION PROGRAMS
REQUEST TO DEVELOP AND ADD A NEW COURSE**

College: _____

Program Title: _____

Approved Program CIP Code: _____

Location: _____
(branch, center, or campus where this program and course will be taught)

=====

I. Course Information

Course Name: _____

Requested Course Abbreviation (Prefix, Number) _____

Approved Course Abbreviation (Prefix, Number) _____
(To be assigned by MCCB)

Classification: Elective ☐ Core ☐

Course Description: _____

Course Prerequisite Number:

Course Prerequisite Name:

II. Does this course duplicate content of other existing academic or career-technical courses?

No ☐ Yes ☐ (If Yes, please explain)

Authorizing Signature: _____

Name (please print or type): _____

Date

Submit completed form by mail, fax, or email to: Director, Career & Technical Education, MCCB;
3825 Ridgewood Road, Jackson MS 39211/ Fax: 601-432-6307/ Email: skolle@mccb.edu