

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 #
<i>Ex: ABT 1313</i>	<i>Refinishing I</i>	<i>3 sch: 2 hr. lec, 2 hr. lab</i>	<i>4sch: 3 hr lec., 2 hr. lab</i>	<i>ABT 1314</i>

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: Scott Kolle, Ph.D. (skolle@mccb.edu)
 Mississippi Community College Board
 3825 Ridgewood Road, Jackson, MS 39211
Fax: 601-432-6155

SBCJC USE ONLY

Reviewed by: _____

Approved by SBCJC on: _____

Comments: