

REVISED COURSE SYLLABUS CHECKLIST

Course Title MLT Pathogenic Microbiology Syllabus Presenter Cheryl Lippert

Please attach the revised syllabus. Consult the Strategic Plan calendar for syllabus submission due dates and subsequent attendance at LICC.

CLASSIFICATION OF COURSE

Academic	Career & Technical	Community Education	Other
<input type="checkbox"/> General Education <input type="checkbox"/> Program requirement <input type="checkbox"/> Elective	<input type="checkbox"/> Military Programs <input checked="" type="checkbox"/> Program requirement <input type="checkbox"/> Elective <input type="checkbox"/> Program Alignment	<input type="checkbox"/> Customized training <input type="checkbox"/> Seminar / workshop <input type="checkbox"/> Continuing education <input type="checkbox"/> Lifelong learning	<input type="checkbox"/> Public Offering <input type="checkbox"/> Business and Industry <input type="checkbox"/>

SYLLABUS STATUS/REASON FOR SUBMISSION (Please check all that apply and complete rationale for any checked items.)

 NEW COURSE TITLE

Current Course Title _____ Requested Course Title _____

Reason for Title Change:

 CHANGE IN CREDIT HOURS

Current Credit Hours _____ Requested Credit Hours _____

Reason for Change in Credit Hours:

 CHANGE IN COURSE DESCRIPTION

Reason for Change in Course Description:

 REVIVED COURSE (Courses that have not been offered in the last 5 years and have required a major revision.)

Reason for Resurrecting Old Course:

 MAJOR SYLLABUS REVISION

Reason for Syllabus Revision: prereq wording. Application to program no longer required. Prereq is phlebotomy.