

MINIMUM COURSE QUALIFICATIONS

Division/Department: _____ Effective Date: _____
(Month/Year)

Course Number: _____ Course/Activity Title: _____

☐ New Course

☐ Course Update

☐ Course Deleted (no longer offered)

EDUCATION:

CERTIFICATE: _____

ASSOCIATE: _____

BACHELOR'S: _____

MASTER'S: _____

REQUIRED EXPERIENCE:

PREFERRED EXPERIENCE:

REQUIRED SKILLS:

PREFERRED SKILLS:

OTHER:

SIGNATURES:

Division Dean/Director Date

Distribution after final approval

Original to: Academic and Student Affairs

Copy to: Division/Department

Copy to: Human Resources

Executive Dean Date

Revised: March 2015