

KINGSBOROUGH COMMUNITY COLLEGE  
The City University of New York

CURRICULUM DATA TRANSMITTAL SHEET

DEPARTMENT BUSINESS DATE 9/16/15

Title of Course or Degree: TEC 6200 - MEDICAL OFFICE COMPUTER

Change(s) Initiated: (Please check)

- |   |   |
|---|---|
| <input type="checkbox"/> Closing of Degree              | <input type="checkbox"/> Change in Degree or Certificate Requirements         |
| <input type="checkbox"/> Closing of Certificate         | <input type="checkbox"/> Change in Degree Requirements (adding concentration) |
| <input type="checkbox"/> New Certificate Proposal       | <input checked="" type="checkbox"/> Change in Pre/Co-Requisite                |
| <input type="checkbox"/> New Degree Proposal            | <input type="checkbox"/> Change in Course Designation                         |
| <input type="checkbox"/> New Course                     | <input type="checkbox"/> Change in Course Description                         |
| <input type="checkbox"/> New 82 Course                  | <input type="checkbox"/> Change in Course Titles, Numbers, Credits &/or Hours |
| <input type="checkbox"/> Deletion of Course             | <input type="checkbox"/> Change in Academic Policy                            |
| <input type="checkbox"/> Other (please describe): _____ |   |

PLEASE ATTACH PERTINENT MATERIAL TO ILLUSTRATE AND EXPLAIN ALL CHANGES

**I. DEPARTMENTAL ACTION**

Action by Department and/or Departmental Committee, if required:

Date approved 9/17/15 Signature, Committee Chairperson: \_\_\_\_\_

Signature, Department Chairperson: \_\_\_\_\_

**II. PROVOST ACTION**

Provost to act within 30 days of receipt and forward to College-wide Curriculum Committee exercising one of the following options:

- A. Approved  B. Returned to department with comments

Recommendations (if any): \_\_\_\_\_

Signature, Provost: \_\_\_\_\_ Date: \_\_\_\_\_

**III. CURRICULUM SUB-COMMITTEE RECOMMENDATIONS:**

- A. Approved  B. Tabled  (no action will be taken by Curriculum Committee)

Recommendations (if any): \_\_\_\_\_

Signature, Sub-Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. COLLEGE-WIDE CURRICULUM COMMITTEE ACTION**

Committee to act within 30 days of receipt, exercising one of the following options:

- A. Approved  (forwarded to Steering Committee)  
B. Tabled  (Department notified)  
C. Not Approved  (Department notified)

Signature, Chairperson of Curriculum Committee \_\_\_\_\_ Date: \_\_\_\_\_

Rationale for the deletion of prerequisites for TEC 6200

Please delete the prerequisites of TEC 1100 or TEC 1400 from TEC 6200. There should be no prerequisites required for this course since keyboarding is not necessary.