Every two years, in alignment with the MJC program review schedule, beginning in Fall 2019 and every odd-numbered year thereafter, appropriate faculty review a list of all established CTE course and program requisites and corequisites to ensure they remain necessary and appropriate, in accordance with Title 5 Section 55003 (b) (4). In September a list of all CTE courses with prerequisites and corequisites will be distributed to discipline faculty for review.

By October 31st each department will complete the information requested on this form and submit the form to the Curriculum Specialist indicating that each requisite either continues to be appropriate or requires a change (to be submitted as a course modification proposal).

Department Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Courses** | **Prerequisites** | **Deemed Necessary and Appropriate (Yes/No)** | **Changes (Yes/No)** | **Revision for fall Curriculum review cycle (Yes/No)** | **Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Department Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Courses** | **Prerequisites** | **Deemed Necessary and Appropriate (Yes/No)** | **Changes (Yes/No)** | **Revision for fall Curriculum review cycle (Yes/No)** | **Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Department Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Programs** | **Prerequisites** | **Deemed Necessary and Appropriate (Yes/No)** | **Changes (Yes/No)** | **Revision for fall Curriculum review cycle (Yes/No)** | **Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Signatures:***

Verified by Department: ­­­­­­ ­­­ Date:

Instructional Dean: Date: