**MINIMUM COURSE CERTIFICATION STANDARDS**

**Div/Dept:** Click here to enter text. **Effective Date:** Click here to enter text.

**Course Number:** Click here to enter text. **Course/Activity Title:** Click here to enter text.

**New Course**  **Course Update**  **Replacing previous course/Please provide previous Course Subject Number** Click here to enter text.

**Career Technical Course**  **Transfer Course**

COURSE/ACTIVITY QUALIFICATIONS:

**EDUCATION:**

CERTIFICATE: Click here to enter text.

ASSOCIATE’S: Click here to enter text.

BACHELOR’S: Click here to enter text.

MASTER’S: Click here to enter text.

DOCTORATE: Click here to enter text.

***and**/or***

**REQUIRED EXPERIENCE:** Click here to enter text.

**PREFERRED EXPERIENCE:** Click here to enter text.

***and**/or***

**REQUIRED SKILLS:** Click here to enter text.

**PREFERRED SKILLS:** Click here to enter text.

***and**/or***

**OTHER:** Click here to enter text.

**SIGNATURES:**

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Division Dean/Director Date Executive Dean/VP Date

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