STARK STATE COLLEGE
REQUEST TO CHANGE PREREQUISITES / COREQUISITES
FORM: CC 600

Required attachments for this request

- **Proposed Master Syllabus**
- **Proposed Curriculum Sheets from EACH affected program**
- **Please contact the department chair of each program affected by the proposed change via an email and attach a copy of the email to indicate that they have been notified. One email may be sent simultaneously to multiple department chairs.**

Double click on check box(es) to pull up Check Box Form Field Options

COURSE TITLE: Statistics

COURSE NUMBER: MTH 124

(Current)	**PREREQUISITE(S)**: MTH 093 (B or Better)	**COREQUISITE(S)**: None
(Proposed)	**PREREQUISITE(S)**: [MTH 093 (B or Better)] OR [ACT 22 or Better or COMPASS 52 or Better Or Accuplacer 55 or Better] OR [MTH 091 and MTH 092 (B or Better)] OR [ACT between 19 and 21 or COMPASS between 39 and 51 or Accuplacer 40 and 54]	**COREQUISITE(S)**: [None] [None] [MTH 024] [MTH 024]

RATIONALE FOR PREREQUISITE(S) / COREQUISITE(S) CHANGE: We are implementing a corequisite so that the amount of time until students are able to take a college level course will decrease. The corequisite should increase student success.

HAVE ALL PROGRAMS/DEPARTMENTS CONTAINING THIS COURSE BEEN NOTIFIED? All divisions and programs affected must be listed on the last page.

☒ **Yes**
☐ **NA No programs outside of this department are affected by this change**
☐ **No If no, explain why:**

IS THIS COURSE OBR APPROVED (TAG, CT2, Transfer Module, etc.)?

☐ **No**
☒ **Yes Requires the signature of the OTM/TAG Course Coordinator below.**

Consult these links for guidelines and requirements:

- TAG: https://www.ohiohighered.org/transfer/tag/coursedescriptions
- CTAG: https://www.ohiohighered.org/transfer/ct2/ctags
- OTM (English, Math, Art & Humanities, Social & Behavioral Sciences, Natural and Physical Sciences): https://www.ohiohighered.org/transfer/transfermodule/learningoutcomes
- OTM Guidelines for all other areas: https://www.ohiohighered.org/transfer/transfermodule

OTM/TAG COURSE COORDINATOR: **DATE:**

*********For Official Use Only*********		
DEPARTMENT CHAIR		**DATE:**
DIVISION DEAN		**DATE:**
CURRICULUM COMMITTEE CHAIR		**DATE:**
PROVOST		**DATE:**
Approved Effective Term: _____ **(Semester/Year)**		
TRANSMITTED TO REGISTRAR	**Initials:**	**Date:**