Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Community College Board	Rachel D. Partrick	6014326446	
ADDRESS	CITY	STATE	ZIP
3825 Ridgewood Road	Jackson	MS	39211
EMAIL	SUBMIT DATE	Name or number of rule(s):	
rpartrick@mccb.edu	06/11/26	Proposed Adoption of Revised Postsecondary Career and Technical Curriculum Coding Technology	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The proposed adoption of the revised Coding Technology

Specific legal authority authorizing the promulgation of rule: **Mississippi Code Title 37, Chapter 153**

List all rules repealed, amended, or suspended by the proposed rule: **PS CTE Curriculum (Revised by Program)**

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

X Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

X Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
____ Immediately upon filing
____ Other (specify): _____

PROPOSED ACTION ON RULES

Action proposed:
X New rule(s)
_____ Amendment to existing rule(s)
_____ Repeal of existing rule(s)
_____ Adoption by reference
Proposed final effective date:
__X__ 30 days after filing
_____ Other (specify): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed: _____
Action taken:
Adopted with no changes in text
_____ Adopted with changes
_____ Adopted by reference
_____ Withdrawn
_____ Repeal adopted as proposed
Effective date:
30 days after filing
_____ Other (specify): _____

Printed name and Title of person authorized to file rules: ~~Rachel D.~~ Partrick, Deputy Executive Director for Programs

Signature of person authorized to file rules: _____ /s/ Rachel D. Partrick

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP

Accepted for filing by

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FILED
JUN 11 2026
MISSISSIPPI
SECRETARY OF STATE

Accepted for filing by 20734 TJS

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.