

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136 **ADMINISTRATIVE PROCEDURES NOTICE****FILING**

AGENCY NAME Mississippi Community College Board		CONTACT PERSON Sandy Crist		TELEPHONE NUMBER 601-432-6687	
ADDRESS 3825 Ridgewood Road		CITY Jackson		STATE MS	ZIP 39211
EMAIL scrist@mccb.edu	SUBMIT DATE 1/28/22	Name or number of rule(s): Proposed Adoption of Revised Postsecondary Career and Technical Education Curricula			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The proposed adoption of the revised Horticulture Cluster. The new curriculum document may be accessed at the following website:

<https://www.mccb.edu/curriculum-download>

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List all rules repealed, amended, or suspended by the proposed rule: PS CTE Curriculum (Revised by Program)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

☒ 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.

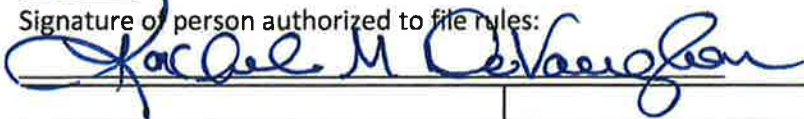
ECONOMIC IMPACT STATEMENT:

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

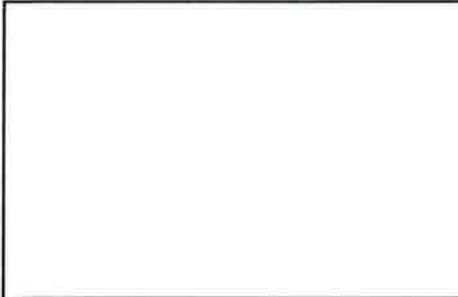
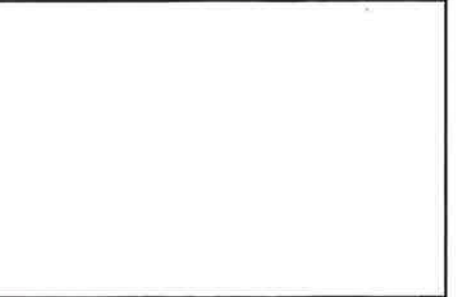
TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
___ Original filing ___ Renewal of effectiveness To be in effect in ___ days ___ Amendment to existing rule(s) ___ Adopted with changes of existing rule(s) ___ Adopted by reference ___ Immediately upon filing ___ Other (specify): ___	Action proposed: X New rule(s) ___ Adoption by reference Proposed final effective date: X 30 days after filing ___ Other (specify): ___	Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted Effective date: ___ Repeal ___ Withdrawn ___ Repeal adopted as proposed Effective date: 30 days after filing ___ Other (specify):

Printed name and Title of person authorized to file rules: Rachel M. De Vaughan, Deputy Executive Director for Programs

Signature of person authorized to file rules:



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

OFFICIAL FILING STAMP 	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP 	OFFICIAL FILING STAMP 
Accepted for filing by	Accepted for filing by <u>20107 Pom</u>	Accepted for filing by