19684

SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Education		CONTACT PERSON Raina Lee	TELEPHONE NUMBER 601-359-1847	
ADDRESS 359 North West Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL rlee@mde.k12.ms.us	SUBMIT DATE 05/06/2013	Name or number of rule(s): COMPILATION Title 7:Education K-12 PART 33: MS Language Arts Curriculum Framework		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Adopted with no changes in text. Complying with SOS APA 3.2.

Specific legal authority authorizing the promulgation of rule: MCA 37-3-11

List all rules repealed, amended, or suspended by the proposed rule: NONE

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.
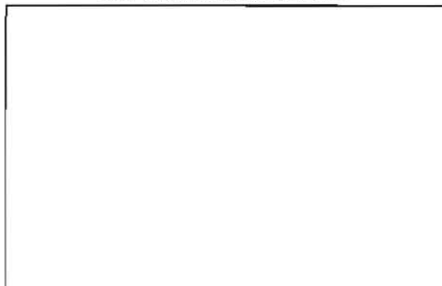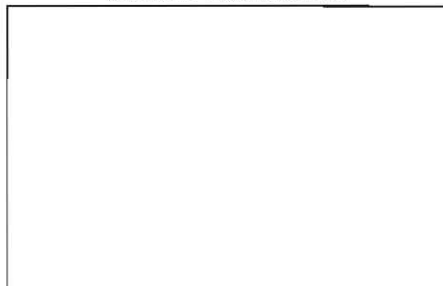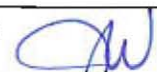
ECONOMIC IMPACT STATEMENT:

☒ 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
		Date Proposed Rule Filed: 4/9/2013
_____ Original filing	Action proposed:	Action taken:
_____ Renewal of effectiveness	_____ New rule(s)	_X_ Adopted with no changes in text
To be in effect in _____ days	_____ Amendment to existing rule(s)	_____ Adopted with changes
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted by reference
_____ Immediately upon filing	_____ Adoption by reference	_____ Withdrawn
_____ Other (specify): _____	Proposed final effective date:	_____ Repeal adopted as proposed
	_____ 30 days after filing	Effective date:
	_____ Other (specify): _____	_X_ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Raina Anderson Lee, Special Asst. Att. General___

Signature of person authorized to file rules:

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED MAY 0 6 2013 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by

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