

**ADMINISTRATIVE PROCEDURES FILING NOTICE**

Agency MS Department of Education Person to Contact Kristopher Kaase  
Address 359 North West Street Address 359 North West Street  
Jackson, MS 39201 Jackson, MS 39201  
Phone (601) 359-3052 Transmittal Date May 20, 2005  
Copy Attached: Yes X No       
Name or Number of Rule(s) IIA-4 Test Selection and Adoption

**Terms or Substance of the Actions or Description of the Subject and Issues:** Policy IIA-4 is no longer needed and it is being recommended for deletion.

Printed Name and Title  
of Person Authorized to File Rules: Washington Cole Director, Communication & Legislative Support  
Name Washington Cole Title  
Signature

<b>EMERGENCY RULES</b> <u>    </u> Original Filing <u>    </u> Renewal of Effectiveness  To Be in Effect <u>    </u> Days Effective Date: <u>    </u> Immediately on <u>    </u> Other (Specify):	<b>PROPOSED ACTION RULES</b> Action Proposed: <u>    </u> New Rule(s) <u>    </u> Amendment to Existing Rule(s) <u>  X  </u> Repeal of Existing Rule(s) <u>    </u> Adoption by Reference Proposed Date of Adoption: <u>  X  </u> 30 Days after Filing <u>    </u> Other (Specify):	<b>FINAL ACTION ON RULES</b> Action Taken: <u>  X  </u> Adopted with No Changes in Text <u>    </u> Adopted with Changes <u>    </u> Adopted by Reference <u>    </u> Withdrawn Date Action Taken  Effective Date <u>  X  </u> 30 Days After Filing <u>    </u> Other (Specify):
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**DO NOT WRITE BELOW THIS LINE**

<b>OFFICIAL FILING STAMP</b>	<b>OFFICIAL FILING STAMP</b>  SECRETARY OF STATE	<b>OFFICIAL FILING STAMP</b>  <b>FILED</b> JUL 19 2005 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by _____	Accepted for filing by <u>[Signature]</u>	Accepted for filing by <u>[Signature]</u>