**COURSE DELETION PROPOSAL**

**All forms must be submitted with:**

**Department minutes showing discussion/approval, and signed hard copy to Academic Affairs.**

**Fill in all sections (1 - 2)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 1 – GENERAL INFORMATION:** | | | | | |
| Initiator: Click here to enter text. | Department: Click here to enter text. | | Date Submitted: Click here to enter a date. | | Effective Term/Year: Click here to enter text. |
| E-mail: Click here to enter text. | Phone Number: Click here to enter text. | | State Mandated? Yes No | | |
| **Section 2 – COURSE DETAIL** | | | | | |
| Course Prefix & Number: Click here to enter text. | | Course Title (no abbreviations): Click here to enter text. | | | |
| CHECK ALL THAT APPLY: Delete course from  Program  Integrow | | | | Which programs will be affected by this course deletion?  Click here to enter text. | |
| Rational for deleting course - please include information on efforts made to make the course successful: Click here to enter text. | | | | | |

**CURRICULUM PROPOSAL - Signatures**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Person submitting proposal Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/Director of Division submitting proposal Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/ Director of other affected Division Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/ Director of other affected Division Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Provost/ VP for Academic Affairs Date

Office Use only:

Date presented to APC: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by APC: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by BOT: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_