**Course Deletion Proposal**

**Title of Proposal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsoring Department(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Department Review and Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature(s) of Sponsoring Chair(s)/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean’s Preliminary Review:**

College:  CAS  PCPS  KSOM

Proposal:  Complete

 Satisfies University of Scranton Curricular Requirements

 Consistent with College Goals/Mission

 Additional preliminary comments below

**Dean’s Signature/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Signatures (i.e. Department Chairs/Program Directors of Impacted Programs and/or of the Library):**

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

Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

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Department Signature Date

**Course Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Deletion**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Semester Year*

**Rationale for course deletion**:

**Has this course been offered in the last five years?** □ Yes □ No

**Is the course open to non-majors?**  Yes  No

\* If yes, please indicate the distribution of students (by program) the last 4 times that the course was offered.

**Will this course be replaced by another course?** □ Yes □ No

\* If yes, please indicate the replacement course in the box below.

**Will any programs (majors, minors, concentrations, tracks, graduate program, or specializations) be impacted by this deletion?**  Yes  No

\* If yes, please list the names of the program (s) in the box below and explain the impact and response of the affected program(s).

\* *Please note that if a program is impacted by this change, the signature of the Department Chair or Program Director is required on the first page of this proposal.*