Course Deletion Proposal

Title of Pro	oposal:	
Sponsoring	g Department(s):	
Date of Dep	epartment Review and Approval:	
Signature(s	(s) of Sponsoring Chair(s)/Date:	
Dean's Pre	eliminary Review:	
	$\Box CAS \Box PCPS \Box KSOM$	
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
Department	Signature	Date
Department	Signature	Date
Department	Signature	Date
Department	Signature	Date
Department	Signature	Date
Department	Signature	Date
Department	Signature	Date
Department	Signature	Date

Course Title:		
Course Number: Date of I	Deletion:	Year
Rationale for course deletion:	Semester	icur
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 progra was offered.	m) the last 4 times that	the course
Will this course be replaced by another course? * If yes, please indicate the replacement course in the box belo	Yes □ No ow.	

* 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.