

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 ☐ LCHS ☐ KSOM

Proposal: ☐ Complete
☐ Satisfies University of Scranton Curricular Requirements
☐ Consistent with College Goals/Mission
☐ Additional preliminary comments below

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Dean's Signature/Date: _____

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

[illegible]

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.*