

Course Deletion Proposal

Title of Proposal: _____

Sponsoring Department(s): _____

Date of Department Vote 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

Dean's Recommendation:

Recommend _____ Do Not Recommend _____

Additional comments:

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Dean's Signature/Date: _____

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

Department/Program	Signature	Date
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Department/Program	Signature	Date
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Department/Program	Signature	Date
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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 estimate the average number of non-major students enrolled in the course each semester offered.

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 those affected. Comment on teach-out plan if applicable.

** 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.*

Will this course be replaced by another course? _____ Yes _____ No

* If yes, please indicate the replacement course and when it is/will be offered in the box below