

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.*