

**Curriculum Committee
Proposal to Delete a Course**

1. Department: _____
2. Course Number and Title: _____
3. Course will be deleted effective: _____
4. Justification for Deleting the Course:

6. Signature of Department Chair
or Program Director: _____
Date: _____
7. Signature of Dean of School: _____
Date: _____
8. Signature of Provost: _____
Date: _____
9. Signature of Curriculum
Committee Chair: _____
Date: _____
10. Signature of Faculty
Senate Secretary: _____
Date Approved by Senate: _____

Completed form should be sent by the Faculty Senate Secretary to the Registrar. Information about the deletion will be sent by the Registrar to:

1. Department Chair
2. Business Affairs Office (establishes course fee structure in SIS, referral to Board for necessary approval)
3. College Relations (addition to Undergraduate Catalog)
4. Academic Affairs Office (Attn: Provost, c/o Beth Murphy)
5. Undergraduate Studies (SNAP, ONCOURSE)