PROPOSAL TO INACTIVATE/REACTIVATE AN EXISTING COURSE

***Instructions:***

**1) Complete ALL fields. If a field is not applicable, then enter NA. Forms that are incomplete will not be reviewed.**

**2) Do not delete any part of the form.**

**3) Proposal must be submitted 10 days prior to meeting. Meetings are on the first Friday of every month.**

**4) Representative must be present at meeting. Please note: March is the last date for changes to be made in order to be placed in the next catalog.**

**5) If the form becomes unresponsive, use the up and down arrow keys to navigate the text boxes and check boxes. If the form still does not respond save your document and reopen it.**

DATE: Click here to enter a date.

COLLEGE/INSTITUTE: Choose an item.

DEPARTMENT: Choose an item.

EFFECTIVE DATE: Fall Click here to enter text. (year)

Provide a one sentence description of change (i.e., Prerequisite change for EN XXX)

Click here to enter text.

1. GENERAL INFORMATION:
2. Action: Choose an item.
3. Course Title:

Click here to enter text.

1. Course Number:

Click here to enter text.

1. Number of Credit Hours:

Click here to enter text.

1. Course Description: (if reactivated)

Click here to enter text.

1. Rationale:
	* 1. Reason for inactivating/reactivating the course.

Click here to enter text.

* + 1. If appropriate, include an explanation of how the students that are required to take this course will be accommodated.

Click here to enter text.

* + 1. Relationship to programs/courses within the college/institute:
1. Is this course a requirement for any other major, concentration, or minor within the college/institute? [ ]  Yes [ ]  No

If yes, list the program(s) and explain how the change will impact the program(s).

Click here to enter text.

1. Is this course a prerequisite of any other course(s) offered within the college/institute? [ ]  Yes [ ]  No

If yes, list the course(s) and explain how the change will impact the course(s).

Click here to enter text.

* + 1. Does this action reflect new accreditation or certification requirements?

Click here to enter text.

* + 1. Relationship to other colleges/institutes:
			- 1. Is the course part of the core curriculum (i.e., general education requirements)? [ ]  Yes [ ]  No

If yes, indicate what core requirement(s) it fulfills.

Click here to enter text.

* + - * 1. Is this course part of any major, concentration, or minor outside the college/institute listed above? [ ]  Yes [ ]  No

If yes, list the program(s) and explain how the change will impact the program(s)?

Click here to enter text.

* + - * 1. Is this course a prerequisite for any other course outside the college listed above? [ ]  Yes [ ]  No

If yes, list the course(s) and explain how this change will impact the course(s).

Click here to enter text.

* + - * 1. If yes (to either b or c), has the relevant Department Chair been notified? [ ]  Yes [ ]  No
				2. Proposals that have an impact on any other program or course across campus must be accompanied by letters from chairs of the departments affected, stating their reactions to the proposed inactivation.
		1. Provide a detailed description of the planning process followed in preparing this proposal. Include how the proposed change fits into your curriculum plans for the program.

Click here to enter text.