|  |  |  |
| --- | --- | --- |
|  | **Request to Delete a Course** | Click or tap to enter a date. |
|  |
| **Form Instructions:**Complete and print on the front and back of **BLUE** paper; the form fields will expand to meet your needs. Forward completed form to the appropriate persons for their Approval/Denial in the order indicated below. Once Approval is received from the Graduate Council, submit electronically to curriculum@selu.edu; original to Chair, University Curriculum Council. |

|  |  |
| --- | --- |
| Submitted by College of:Choose an item. | Department offering course:Choose an item. |
|  |
| Course Prefix:      | Course Number:      | Course Credit Hours:      | Course Component:Choose an item. | Last semester to be offered:      |
| Title of Course:      |
| Include **all** page numbers throughout the printed catalog (include year) that this course is referenced: |
| Does this course appear in the 4-year layout or a footnote for the 4-year layout for any undergraduate degree program? **[ ]** Yes **[ ]**  No Does this course appear in the course requirements for any graduate degree program? **[ ]** Yes **[ ]**  No  If yes to either, please list the degree program(s) here:  |
|  |
| What program assessment results have prompted the need to delete this course? Reference specific departmental goals, outcomes (by year) and action plans that address this need.  |
| What other reason(s) has prompted the need to delete this course? |
| Council for Teacher Education approval needed? (Yes if any of the below are met):* This change affects any education undergraduate degree, graduate degree or certification program and/or
* This change affects components of elctronic portfolios or any aspect of the assessment system and/or
* This change affects competency-based clinical practice of any type reported by education majors
 | **[ ]** Yes **[ ]**  No |
| Other departments/colleges that could be affected by this deletion: | Have these departments/colleges been notified of the proposed deletion? **[ ]** Yes **[ ]**  No **[ ]**  Not Applicable |

|  |
| --- |
| **Approval/Denial of Request to Delete a Course** |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | [ ]  Approved[ ]  Denied | Chair, Dept/Program Curriculum Committee:  | Date: |
| **2.** | [ ]  Approved[ ]  Denied | Department Head: | Date: |
| **3.** | [ ]  Approved[ ]  Denied | Chair, College Curriculum Committee: | Date: |
| **4.** | [ ]  Approved[ ]  Denied | College Dean: | Date: |
| **5.** | [ ]  Approved[ ]  Denied | *(if applicable)*Chair, Teacher Education Council: | Date: |
| **6.** | [ ]  Approved[ ]  Denied | *(if applicable)*Dean of Education: | Date: |
| **7.** | [ ]  Approved[ ]  Denied | *(if applicable)*Chair, Graduate Council: | Date: |
| **8.** | [ ]  Approved[ ]  Denied | Chair, University Curriculum Council: | Date: |
| **9.** | [ ]  Approved[ ]  Denied | Provost: | Date: |
| **10.** | [ ]  Record Complete | AVP for Academic Programs: | Date: |

|  |
| --- |
| **Reason for Denial:** |
|  |