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|  | **Request to Delete a Course** | Click or tap to enter a date. |
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| **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](mailto:curriculum@selu.edu); original to Chair, University Curriculum Council. | | |

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| Submitted by College of:  Choose an item. | | | | Department offering course:  Choose an item. | | | |
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| 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: | | | | | | | |
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| 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 | | | | |

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

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| **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: |

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| **Reason for Denial:** |
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