

**COURSE DELETION FORM**

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| **Originator:** |  | **Date:** |  |
| **Course code:** |  | **Title** |  |
| **Program(s) *Identify program if course is required or elective*** |  | | |
| **Rationale for deletion:** | | | |
| **If course is program requirement, explain how deletion affects the program. How will the deletion affect current students? When is the proposed effective date for the deletion?**  *Complete the program change section below to delete course from program.* | | | |
| **Is course a prerequisite or corequisite for another course? If yes, how will students be successful without this course? Has the department been notified?** | | | |
| **Complete to delete course from program(s). Describe program changes and attach program catalog page.** | | | |
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| **Approvals/review** | |
| **Department Chair** | **Date** |
|  |  |
| **Institute Dean** | **Date** |
|  |  |
| **Counselor** | **Date** |
|  |  |
| **Reviewed by Institute Administrator** | **Date** |

\*Email form and send hard copy with signatures to [ekrujssen@brookdalecc.edu](mailto:ekrujssen@brookdalecc.edu)

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| **Reviewed by Institute Deans** | | **Date** |
| **Academic Council** | | **Date** |
|  | |  |
| **General Education (if applicable)** | | **Date** |
|  | |  |
| **Vice President for Learning** | | **Date** |
|  | |  |
| **Registrar** | | **Date** |
|  | ***Effective term:*** | ***Effective catalog:*** |
| **President** | | **Date** |