

CURRICULUM COMMITTEE COURSE DELETION FORM

DATE:

DEPARTMENT CHAIR:

DEPARTMENT:

DISCIPLINE WHERE COURSE RESIDES:

(CHECK ALL THAT APPLY)

DELETE EXISTING COURSE FROM COURSE INVENTORY

DELETE EXISTING COURSE FROM CATALOG

Course Title:
Course Prefix:
Course Number:
Course Prerequisites:
Core/General Education Course: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rationale for Deletion:
Will this deletion impact other departments? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide an explanation how this request has been addressed and received by other departments. You may also provide letters of support from impacted departments.
Last semester course was offered at Del Mar College:
Proposed Effective Date (Semester/Year):

**Signature Indicates Approval:**

Department Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Dean: \_\_\_\_\_

Date: \_\_\_\_\_

Curriculum Committee Approval:  Yes  No

Date: \_\_\_\_\_

Curriculum Committee Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Executive Vice President/Chief Academic Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution of Copies by the Office of Executive Vice President/Chief Academic Officer:**

(Original remains in the Office of Executive Vice President/Chief Academic Officer)

Curriculum Committee Website

Division Dean

Financial Aid Director

Registrar

Department Chair