

**CURRICULUM COMMITTEE COURSE DELETION FORM
2009-2010**

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:

Signature Indicates Approval:

Department Chair: _____ Date: _____

Dean: _____ Date: _____

Curriculum Committee Approval: Yes No Date: _____

Curriculum Committee Chair: _____ Date: _____

Vice President of Instruction: _____ Date: _____

Distribution of Copies by the Office of the Vice President of Instruction: (Original remains in the Office of the Vice President of Instruction.) Curriculum Committee Website Division Dean Financial Aid Director Registrar Department Chair