**Please complete entire form and route for approval**

Deactivation  Reactivation  Deletion

Course Prefix and Number

Proposed Effective Term  Proposed Effective Year

1. College
2. Department
3. Course Title
4. Justification
5. Impact on affected Departments/Colleges: How will students in program(s) requiring this course be accommodated?
6. Have affected departments been consulted? Yes  No  N/A
7. Any objections? Yes  No
8. Attach the consultation results from the department chairperson

**Route the form for approvals in the sequence listed below:**

1. **Program/Department Curriculum Committee Chair**

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Printed Name Signature Date

1. **Department Chair**

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Printed Name Signature Date

1. **College Curriculum Committee Chair**

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Printed Name Signature Date

1. **College Dean/Associate Dean**

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Printed Name Signature Date

1. **Associate Vice President for Academic Planning and Analysis**

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Printed Name Signature Date