**Course - Suspend/Delete/Reactivate**

**(Consent)**

Date:

College, Department:

Contact Person: Name, email, phone

**1. Identification of course or program:**

* 1. Current course prefix (subject area) and number:
	2. Course title:

**2. Action (check one): \_\_\_\_** suspend \_\_\_\_\_ delete \_\_\_\_\_ reactivate

**3. Rationale:**

**4. Effect on programs or other departments:**

**5. Term of implementation:**

**5. Dates of committee approvals:**

|  |  |
| --- | --- |
| Department |  |
| College Curriculum Committee  |  |
| Professional Education Council (if applicable) |  |
| Graduate Council Curriculum Committee  |  |
| Graduate Council  |  |
| University Senate |  |

*\*Proposals to suspend, delete or reactivate a course require a Course Inventory Form be submitted by the College Dean’s office to the Office of the Registrar.*