Proposal Date:

Enter College Name Here
Department of _____________
Proposal to Discontinue an Equivalent Course
(Consent Item)

Contact Person: Name, email, phone

1. Identification of existing course:
   1.1 Current course prefix (subject area) and number:
   1.2 Course title:

2. Identification of each equivalent course prefix(es) and numbers

3. Rationale for discontinuing each equivalent course:

4. Proposed term for implementation:

5. Dates of prior committee approvals:

   Department of______________:
   _______________________
   ____________ Curriculum Committee
   _______________________
   Professional Education Council (if applicable) _______________________
   General Education Committee (if applicable) _______________________
   Undergraduate Curriculum Committee (if applicable) _______________________
   Graduate Council (if applicable) _______________________
   University Senate _______________________
