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 _____