Proposal to Delete a Course

NOTE: All gray text boxes must be completed (even if you just put N/A into them), otherwise the committee must consider the form incomplete.

Contact person James Bowring  Email address bowringj@cocf.edu Phone 9530805

1. Department: Computer Science

2. Course Number and Title: CSCI 223 Computer Programming II Lab

3. When will Course Deletion become effective? Fall 2011

4. Justification for Deleting the Course: Never taught;

5. Is the course part of any other degree or program? Please consult the most up to date undergraduate catalog and search for uses of the course to see who should be contacted. If yes, what department/program? Please contact the department chair/program director and request a note or email that they are aware of the proposed change and include that note with the proposal. NO
Proposal to Delete a Course

6. Signature of Department Chair or Program Director:

___________________________________________

Date: ________________________

7. Signature of Dean of School:

___________________________________________

Date: ________________________

8. Signature of Provost:

___________________________________________

Date: ________________________

9. Signature of Curriculum Committee Chair:

___________________________________________

Date: ________________________

10. Signature of Faculty Senate Secretary:

___________________________________________

Date Approved by Senate: ________________________

Completed form should be sent by the Faculty Senate Secretary to the Registrar. After implementation, information concerning the passed course and program changes will be provided by the Registrar to all faculty and staff on campus.