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 Larry Krasnoff  Email address krasnoff@cofc.edu Phone 3-4987

1. Department: Philosophy

2. Course Number and Title: PHIL 215: Symbolic Logic I

3. When will Course Deletion become effective? Fall 2011

4. Justification for Deleting the Course: The Department of Philosophy would like to change its current symbolic logic offerings from a two-course sequence to a single course. See accompanying proposal for details.

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.

See attached correspondence from the Department of Mathematics.
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.
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 Larry Krasnoff  Email address krasnoff@cofc.edu Phone 3-4987

1. Department: Philosophy

2. Course Number and Title: PHIL 216: Symbolic Logic II

3. When will Course Deletion become effective? Fall 2011

4. Justification for Deleting the Course: The Department of Philosophy would like to change its current symbolic logic offerings from a two-course sequence to a single course. See accompanying proposal for details.

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. See attached correspondence from the Department of Mathematics.
Proposal to Delete a Course

6. Signature of Department Chair or Program Director:
   
   ________________________________________________________________
   
   Date: _________________________
   
7. Signature of Dean of School:
   
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8. Signature of Provost:
   
   ________________________________________________________________
   
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