1. Course rubric, number and title:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Course Program or Degree:

Effective Date/ Semester of Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (example, 201720)

2. Type of course:  Academic  Technical CIP CODE:

3. This course is scheduled for deletion by the THECB  THECB deletion date:

4. Briefly state other reason for this course deletion:

5. If this course is being replaced by another, list the course rubric, number and title:

|  |  |  |
| --- | --- | --- |
|  |  |  |

6. Effect this deletion will have on the existing curriculum:

7. Effect this deletion will have on any existing course offered by another division:

8. Additional comments if needed:

9. Estimated change in student enrollments and/or group(s) served:

|  |  |  |  |
| --- | --- | --- | --- |
| Fall | Spring | Other (Mini/ Summer) | Annual Total |
|  |  |  |  |

**Preparer(s):**

|  |  |  |
| --- | --- | --- |
| *Signature* | *Title* | *Date* |
|  |  |  |
|  |  |  |

**Reviewed and approved:**

|  |  |  |
| --- | --- | --- |
| *Signature* | *Title* | *Date* |
|  | *Department Head* |  |
|  | *Assistant Dean* |  |
|  | *Instructional Dean* |  |
|  | *Curriculum Committee Chair* |  |

*This material was presented to the Curriculum Committee and approved on*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*.*

*and is eligible for removal from the Blinn College catalog and class schedule on* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Vice Chancellor, Academic Affairs / Vice Chancellor Student Services and Administration Date*