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|  | | **Virginia State University Curriculum Form**   * **Request to DEACTIVATE a Course** | | | | | **Date of Submission:** | | | Click or tap to enter a date. |
| **College:** | | | Choose an item. | | | | **Dept. Initiating Request:** | | | Click or tap here to enter text. |
| **Requestor’s Name:** | | | Click or tap here to enter text. | | | | **Requestor’s Role:** | | | Click or tap here to enter text. |
|  | | | | | | |  | | | |
| **Course Subject and Number:** | | | | | *\*(Example: CSCI 556, Advanced Database Applications)*  Click or tap here to enter text. | | | | | |
| **Course Title:** | | | | | *\*(Example: Advanced Database Applications)*  Click or tap here to enter text. | | | | | |
| **Credit Hours:** | | | | | Click or tap here to enter text. | | | | | |
| **Prerequisite(s):** | | | | Click or tap here to enter text. | | | | | | |
| **Co-requisite(s):** | | | | Click or tap here to enter text. | | | | | | |
|  | | | | | **Approved Delivery Format  *(if reactivation)***  Face-to-Face  Hybrid  Fully Online | | | **Frequency of Course Offering:** Click or tap here to enter text. | | |
|  | | | | | | | | | | |
| **Program Level:** | | | | **Course Classification:** | | **Semester to be Effective:** | | | **Year to be Effective:** | |
| Undergraduate  Graduate | | | | General Education  Core Requirement  Major Requirement  Restricted Elective  Elective | | Fall  Spring  Summer | | | Click or tap here to enter text. | |
| **Justification: *Please explain the rationale for closing the course below.*** | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |

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| **Yes** | **No** | **Please respond to each question by checking Yes or No.** |
|  |  | Will the proposed change alter the total number of credit hours required for graduation? If so, contact Office of Planning and Institutional Effectiveness for assistance with necessary submissions to external agencies, such as SCHEV, SACSCOC, etc.) |
|  |  | Will the proposed change involve or directly affect any other department? If so, complete attachment and provide evidence of communication with affected departments. |
|  |  | Will the proposed change involve or directly affect General Education Requirements? If so, complete attachment and contact Office of Planning and Institutional Effectiveness for assistance in communicating the changes to affected undergraduate programs. |
|  |  | Will the proposed change involve any courses that are part of an online program? |

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|  | **Virginia State University – Curriculum Approvals Form**   * **Request to DEACTIVATE a Course** | | | | | | |
| **Approvals:** | | | **Recommended** | **Not Recommended** | **Print / Signature:** | | **Date:** |
| Chair, Department Curriculum Committee | | |  |  |  | |  |
|  | |
| Chair, Department | | |  |  |  | |  |
|  | |
| Chair, College Curriculum Committee | | |  |  |  | |  |
|  | |
| Dean | | |  |  |  | |  |
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| Chair, Undergraduate Curriculum Committee | | |  |  |  | |  |
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| Chair, Graduate Curriculum Committee | | |  |  |  | |  |
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| Chair, Curriculum Affairs and Issues Committee | | |  |  |  | |  |
|  | |
| Chair, Faculty Senate | | |  |  |  | |  |
|  | |
| Provost, VP of Academic Affairs | | |  |  |  | |  |
|  | |
| Registrar | | |  |  |  | |  |
|  | |
|  | | | | | | | |
| **\*Will this change impact another college/department?** | | | | | No  Yes *[select college & indicate department(s)]* | | |
| **College:** | | Choose an item. | | | **Department(s):** | Click or tap here to enter text. | |