**Curriculum Inactivation**



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| **ENDORSEMENT/APPROVALS** |
| Faculty Author:  | Date:       | Comments:  |
| Dean or Director:  | Date:       | Comments:  |
| VP Instruction:  | Date:       | Comments:  |
| Technical Review:  | Date:       | Comments:  |
| Curriculum Committee Approval:       | Academic Senate Approval:       | Board of Trustees Approval:       |
| **What type of curriculum is being inactivated? Please check ONE (use multiple forms if necessary), and complete the corresponding section of this form.** **[ ]  Course** **[ ]  Distance Education Modality** **[ ]  Degree/Certificate** |
| **COURSE INACTIVATION** |
| Course ID: *(e.g. DEPT-123)* | Course Title:       |
| When was this course last offered?       | Is this course a requirement or restricted elective for any degrees or certificates? [ ]  Yes [ ]  No*If yes, please list ALL degrees and certificates that include this course:*       |
| Is this course part of the **CR GE** Pattern?[ ]  Yes, Area(s)       [ ]  NoIs this course part of the **CSU-GE** Pattern?[ ]  Yes, Area(s)       [ ]  NoIs this course part of the **IGETC** Pattern?[ ]  Yes, Area(s)       [ ]  No |
| Is this course a prerequisite to another course?  [ ]  Yes (please list)       [ ]  NoIs this course a co-requisite to another course?  [ ]  Yes (please list)       [ ]  No |
| Reason for inactivating this course:       |
| **DISTANCE EDUCATION INACTIVATION** |
| Course ID: *(e.g. DEPT-123)* | Course Title:       |
| Which Distance Education modality is to be inactivated? Check all that apply:[ ]  Online Modality [ ]  Hybrid Modality [ ]  Interactive Modality (Telepresence) |
| Reason for inactivating this modality/these modalities:       |
| **DEGREE OR CERTIFICATE INACTIVATION** |
| Award:  | Program Title:       |
| Reason for inactivating this program:[ ]  Recommended outcome of AP 4021 review process (please attach report)[ ]  Other (Dean or Director, please attach memo explaining justification) |