**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)        No  Is this course part of the **CSU-GE** Pattern?  Yes, Area(s)        No  Is this course part of the **IGETC** Pattern?  Yes, Area(s)        No | |
| Is this course a prerequisite to another course?    Yes (please list)        No  Is 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) | | | | |