**MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE**

## COURSE RETIREMENT

**\*Remove all instructions that are in red prior to submitting**

|  |  |  |  |
| --- | --- | --- | --- |
| Submitted By: | Click to enter your name | Date: | Click arrow for date picker |
| Campus: | Select your Campus | Phone: | Click to enter phone # |
| Course Discipline: | Choose a Subject. | Course Number | Click here to enter course number. |
| Course Title: | Click or tap here to enter text. | | |
| Division: | Choose a Division. | | |

**Final Term for course to be offered:** (If there are current students that need this to complete their degree you need to select the term that allows them to take the course and finish degree path) Choose a term.

**Rationale: Why is this request being made?**

Click or tap here to enter text.

**Explain how this course retirement will affect other departments/programs.**

Submit Program Modification paperwork if necessary.

Click or tap here to enter text.

**Explain how this course retirement will affect existing articulation agreements.**

Click or tap here to enter text.

**Signatures:**

Please send to the Academic Affairs Coordinator to route thru DocuSign for signatures

|  |  |  |
| --- | --- | --- |
| **Personnel** | **Signature** | **Date** |
| Faculty: |  |  |
| Department Head: (if TPT faculty) |  |  |
| Academic Affairs Coordinator: |  |  |
| Academic Dean: |  |  |
| Division Chair: |  |  |
| Advisory Committee: (if applicable)  Liberal Arts Transfer Pathway Committee Chair: (If applicable)  Provost (only TPT need this step |  |  |
| Academic Affairs & Standards Council Chair: |  |  |

Comments: Click or tap here to enter text.

Submission Date: Click or tap to enter a date.