**Course Retirement**

Submitted By: Date:

Campus: Phone:

Course Title:

Discipline: Number:

Credits: Lecture: Lab: Total Credits:

Final Term for Course to be Offered: Fall Spring Summer Year

Rationale: Why is this request being made?

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

Explain how this course retirement will affect existing articulation agreements.

**SIGNATURES**

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| **PERSONNEL** | **SIGNATURE** | **DATE** |
| Instructor: |  |  |
| Division Chair: |  |  |
| Administrative Designee: |  |  |
| Academic Affairs & Standards Council Chair: |  |  |
| Comments: Revised 3/4/19 |