# MERCY COLLEGE OF OHIO

**Course Deletion Proposal**

Course Title: Course Number:

Number of Credit/Contact Hours: Is this course Required Elective

If required, will deletion affect the program of study? Yes No

If “Yes”, in what way?

Reason for Course Deletion:

Effective Semester:

Submitted by: Date:

Signature, Chair, Faculty Senate

**Date:**

**Recommendation by Faculty Senate:**

Signature, Chair, Curriculum Committee

**Date:**

**Date:**

**Recommendation by Curriculum Committee:**

Administrative Approval:

Date:

Signature, Vice President of Academic Affairs

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This area to be filled out by the Curriculum Committee

Final Disposition:

**Date:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Distribution:   VPAA |  Registrar |  Submitter of Proposal |
|  Program Chair/Associate Dean | |  Academic Advisers Admissions |

Revised 2/2014