



Courses and Curricula Committee
Course Modification Petition

Form B: Request to Drop a Course

Section I: Course and Department Information

Directions: Please type all information on this form. Handwritten forms are not accepted. Fill in all information in Section I. Provide faculty signatures of support in Section II. Section III is for signatures of approval. Missing or incorrect information may result in rejection of this petition.

Discipline _____ Division _____ Date _____

Course Number _____ Title _____ Semester Credits _____

Hours Per Week (see Manual for definitions)

Lecture _____ Lab _____ Recitation _____ Seminar _____ Clinical _____ Independent Study _____

1. This course will be normally offered: Fall only Spring only Summer only Any semester
2. Effective date (semester in which the course is to be first deleted): Fall Spring Summer Year _____
3. Has this petition been discussed with other divisions that require the course in their curricula? Yes N/A
If so, please provide supporting documentation and attach to the end of this petition as a PDF.
4. Is this course a prerequisite for any other courses? Yes No
If so, dropping this course will change the prerequisites for the following courses (list all courses that apply).

5. Why is there no longer a need for this course?

6. Is this course being dropped required in any curriculum? Yes No If yes, list the curriculum below and submit Form E if the curriculum is being dropped and/or Form F if curricula are changed by even one credit hour.

Section II: Signatures of Faculty Support

7. Has this course been discussed and approved by the faculty in the discipline(s) concerned? Yes No
 Faculty taking part in the discussion should complete the section below and place an X for approved or not approved. Statements of support or dissention, whether internal or external, may be attached as a PDF to this form labeled as "Response to Question 7".

_____ Faculty Print Name	_____ Faculty Signature	_____ Date	_____ Approved	_____ Not Approved
_____ Faculty Print Name	_____ Faculty Signature	_____ Date	_____ Approved	_____ Not Approved
_____ Faculty Print Name	_____ Faculty Signature	_____ Date	_____ Approved	_____ Not Approved
_____ Faculty Print Name	_____ Faculty Signature	_____ Date	_____ Approved	_____ Not Approved
_____ Faculty Print Name	_____ Faculty Signature	_____ Date	_____ Approved	_____ Not Approved
_____ Faculty Print Name	_____ Faculty Signature	_____ Date	_____ Approved	_____ Not Approved
_____ Faculty Print Name	_____ Faculty Signature	_____ Date	_____ Approved	_____ Not Approved

8. Is this course a General Education Course? Yes No . If yes, then a subsequent review by the General Education Committee is required.

Section III: Signatures of Approval

_____ Dean Signature	_____ Date	_____ Vice Chancellor for Academic Affairs Signature	_____ Date
_____ Courses and Curricula Chair Signature	_____ Date	_____ Chancellor Signature	_____ Date
_____ SACSCOC Liaison Signature	_____ Date	Substantive Change? Yes <input type="checkbox"/> No <input type="checkbox"/> Publish or Advertise Change? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

SACSCOC Notes: _____