**Request for Deletion of Curriculum**

Deletion of: [ ]  Major[ ]  Minor [ ]  Emphasis[ ]  Certificate

Department:       College:

Submission Date:       Revision Effective: Fall,

 (Year)

Contact Person:       [ ]  Faculty member [ ]  Chair

Name of Existing Major or Minor/Emphasis/Certificate:

Rationale for Deletion:

Will this deletion affect any other department’s/college’s/unit’s curricula or programs at Pittsburg State University?

[ ]  Yes [ ]  No

*Whether a “yes” or “no” response, please provide an explanation. Provide documentation of any discussions (e.g. copies of e-mails, memos, etc.) that have occurred.*

Will this deletion involve specific General Education courses? [ ]  Yes [ ]  No

*If “yes,” please realize that it will need to gain approval of the General Education Committee.*

Will this deletion affect any education majors? [ ]  Yes [ ]  No

*If “yes,” please realize that it will need to have the approval of the Council for Teacher Education*.

PITTSBURG STATE UNIVERSITY

LEGISLATIVE PROCESS

AUTHORIZATION/NOTIFICATION SIGN-OFF SHEET

[ ]  Approved: Department Chairperson

 Date \_\_\_\_\_\_\_ Signature, Department Chairperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: College Curriculum Committee

 Date \_\_\_\_\_\_\_ Signature, College Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: Dean of College

 Date \_\_\_\_\_\_\_ Signature, Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: General Education Committee (if applicable)

 Date \_\_\_\_\_\_\_ Signature, General Education Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: Council for Teacher Education (if applicable)

 Date \_\_\_\_\_\_\_ Signature, Council for Teacher Education Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: Faculty Senate University Undergraduate Curriculum Committee

 Date \_\_\_\_\_\_\_ Signature, Undergraduate Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved: Faculty Senate

 Date \_\_\_\_\_\_\_ Signature, Recording Secretary, Faculty Senate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Final approved packet forwarded to Provost’s office.

 Date \_\_\_\_\_\_\_ Signature, Recording Secretary, Faculty Senate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notification to COCAO/Kansas Board of Regents: Date:

Each college curriculum representative will notify their respective college and department(s) of the completion of the deletion.

Originating Department(s): After completing this form, in its entirety, please upload it to the Zimbra Briefcase, *“Undergraduate Curriculum Legislation” (*within the appropriate College folder, *“Preliminary Legislation”),* to allow for review and questions. Any modifications should be saved as “*original file name.version2.docx”* and uploaded as well.

Following final College Curriculum Committee approval, please print the final version of this form and a memo on department letterhead, apply the appropriate signatures, and forward to the Office of the Registrar.

Following Faculty Senate Approval, SUBMIT SIGN-OFF SHEET AND the MEMO TO THE OFFICE OF THE PROVOST (220 RUSS HALL)

Please Note: This is at least a 2-3 month process from the time of first submission and is designed to eliminate concerns and questions at the beginning of the process. Any questions/concerns not addressed prior to the review by the College Curriculum Committee and the Faculty Senate University Undergraduate Curriculum Committee, may result in an additional month added to the process, before it is sent to the Kansas Board of Regents for informational purposes.