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: ____________________________

Recommendation by Curriculum Committee:  Date: ____________________________

_______________________________________________________________________________

Signature, Chair, Curriculum Committee

Recommendation by Faculty Senate:

_______________________________________________________________________________

Signature, Chair, Faculty Senate

Administrative Approval:

_______________________________________________________________________________

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