

REQUEST TO DEACTIVATE A COURSE/PROGRAM

Valdosta State University

Date of Submission:

Department Initiating Deactivation:

Semester & Year to be Effective:

List of courses (or the program or track) to be deactivated:

Justification: Select one or more of the following to indicate why the requested change will be beneficial, giving your justification. Include and/or append relevant supporting data.

- Improving Student Learning Outcomes
- Adopting Current Best Practice(s) in Field
- Meeting Mandates of State/Federal/Outside Accrediting Agencies
- Other

Source of Data to Support Suggested Change:

- Indirect measures:** SOIs, student, employer, or alumni surveys, etc.
- Direct measures:** Materials collected and evaluated for program assessment purposes (tests, portfolios, specific assignments, etc.)

Approvals:	
College/Division Exec. Comm.:	Date:
Dept. Head:	Date:
Dean/Director:	Date:
Graduate Exec. Comm.: (for grad course/program)	Date:
Graduate Dean: (for grad course/program)	Date:
Academic Committee:	Date:

Form last updated: January 6, 2010