**Recommendation to Inactivate a Course**

Submitted by:

**Name:** Click here to enter text.

 **Phone:** Click here to enter text.

 **Email:** Click here to enter text.

 **Initiating Dept or Committee:** Click here to enter text.

 **Date:** Click here to enter a date.

**Course Details**

**Subject Area:**  Click here to enter text.

**Catalog Number:**  Click here to enter text.

**First Term Effective:** Choose an item. **Year:** Click here to enter text.

**Inactivation Summary**

**Reason for course inactivation:** Click here to enter text.

**If this course satisfies major or minor requirements, please list the requirements affected** (consult an academic advisor for this information)**:** Click here to enter text.

**What other courses, departments or programs may be affected by these changes?** (Consider such things as prerequisites, crosslisted courses, degree requirements, related changes being made elsewhere, etc)**:** Click here to enter text.

**Course currently has a special course fee associated:** Click here to enter text.