



Instruction, Curriculum & Student Services
REQUEST FOR DELETION OF AN EXISTING COURSE

Instructions for submission:

Please print or type the following information and submit one form per course deletion to the Content Area Facilitator. The Content Facilitator will submit to the Assistant Superintendent of Instruction, Curriculum and Student Services for final review.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

General Information

Course Title:		Course Code:	
School:	Department:	Student Grade Level:	
Course Length:	Credit Per Semester:	Elective Credit: <input type="checkbox"/>	Required Credit: <input type="checkbox"/>
Reason For Deletion:			

The **Department Chairperson**, after consultation with appropriate staff and the teachers who will teach the course:

RECOMMEND DO NOT RECOMMEND

Printed/Typed Name _____ Signature of Department Chairperson _____ Date _____

The **Principal**, after consultation with the department chairperson concerning the recommended changes ensuring they meet standards, and:

RECOMMEND DO NOT RECOMMEND

Printed/Typed Name _____ Signature of Principal _____ Date _____

The **Content Facilitator**, expressing the action of the Curriculum Committee:

RECOMMEND DO NOT RECOMMEND

Printed/Typed Name _____ Signature of Content Facilitator _____ Date _____

Comments:

The **Assistant Superintendent or Designee:**

RECOMMEND DO NOT RECOMMEND

Printed/Typed Name _____ Signature of Assistant Superintendent or Designee _____ Date _____

Comments: