NOCE
NORTH ORANGE
CONTINUING EDUCATION

The _____ **department faculty are requesting deactivation of the following course(s) and program(s).**

Requesting Full-Time Faculty member:

_____ _____ _____

    Requesting Faculty Name   Signature   Date

COURSES:

Course ID	Title	Hours	Are these courses tied to any programs?
1. IHSS 100	High School English 1 (Example)	14-144	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

PROGRAMS:

1.)   Medical Assisting – Front Office (Example)
1.
2.

3.	
4.	
5.	

Course(s)/Program(s) were reviewed and approved for deactivation by department faculty on: _____

Date

Faculty consulted and in agreement:

_____   _____   _____

_____   _____   _____

_____   _____   _____

The Program Director has seen and is aware of the course(s) and program(s) changes requested by the department faculty.

_____   _____   _____

Program Director Name   Signature   Date

***Send completed copy of form along with the appropriate documentation (e.g. meeting notes or email threads) to the Curriculum Chair and Curriculum Assistant for consideration.**

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