



Curriculum Review Committee

Curriculum Manager
email: curriculum@gbcnv.edu

Inactivate a Program Form

SECTION 1: SUBMITTER INFORMATION

Name of Submitter: _____ Phone Number: _____

E-mail Address: _____ Submission Date: _____

Department: _____ GBC Center: _____ Building & Room #: _____

SECTION 2: INACTIVATE A PROGRAM

The program will be inactivated effective this term: _____

Program Title to be inactivated: _____

Catalog Page: Required: Attach a sample of the program page from the current catalog.

Briefly explain why program is being inactivated: _____

SECTION 3: APPROVALS

Submitter

Department Chair

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

This form will not be accepted without the above signatures.

Curriculum Review Chair

Curriculum Manager

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Dean

Vice President of Student and Academic Affairs

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____