Curriculum Review Committee

Curriculum Manager
email: curriculum@gbcnv.edu

Inactivate/Reactivate a Course

SECTION 1: SUBMISSION INFORMATION

Name of Submitter: _____ Phone Number: _____

E-mail Address: _____ Submission Date: _____

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

Have you received approval from Department Chair?   Yes   No

If you have not received approval, <u>do not submit</u> to the Curriculum Manager.

SECTION 2: INACTIVATE A COURSE

Effective Term: _____   **Subject and Course Number (ex. ACC 201):**

Full Course Title: _____

Was this course used as a program requirement?   Yes   No

N**SHE CCN Deletion form discussed with the Curriculum Manager? ?**   YES   NO

Date: _____

SECTION 3: REACTIVATE A COURSE

Syllabus must be submitted with this form.

Effective Term: _____ **Subject and Course Number (ex. ACC 201):**

Full Course Title:_____

Abbreviated Course Title (30 characters or less):_____

Will this be a general education course? :   Yes   No (if yes, please list the general education objective it fulfills)

Date approved by General Education Committee:

Will this be cross-listed with another course?   Yes   No (if yes, prefix and course number)

Grading Basis: A-F   S/U

Credits: Fixed Credits: OR   Variable credits: to

Repeatability	A student may earn credit(s) for this course only one time and can retake this course to improve a grade, but will not receive credit more than once.
	OR
	A student may repeat this course for credit up to a total number of credits _____ **OR** up to a total number of completions _____.

Transferability	Course is TRANSFERABLE for any NSHE Baccalaureate degree.
	Course is NON-TRANSFERABLE (Formally called a "B" course).

Prerequisites (Use "and" or "or" between each req.)   **Corequisites**: **(**Use "and" or "or" between each req.)

Is department consent required?   Yes   No

Catalog Description

(must be identical to the catalog description in the syllabus)

Will this course be used to satisfy a program requirement?   Yes   No

 If yes, list the program(s) below:

SECTION 4: 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:_____