**OFFICE OF THE REGISTRAR**

**FACULTY SENATE CURRICULUM COMMITTEE**

**Catalog Course Authorization**

Minor/Concentration Delete

**E-mail** form to [**Curriculum@unlv.edu**](mailto:Curriculum@unlv.edu) in the Registrar’s Office.



**Save file** as minor/con name followed by minordel (e.g., XXXXminordel).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. Routing Information** | | | | | | | | | | |
| Contact Name: | | | | | | | | Department and Prefix: | | |
| Contact’s e-mail address: | | | | | | | | College: | | |
| **II. Effective Date** | | | | | | | | | | |
| Semester change should become effective: | | | | | | | | | | |
| Catalog year change becomes effective: | | | | | | | | | | |
| **III. Minor/Concentration Information** | | | | | | | | | | |
| College: | | | | | | | Department/School: | | | |
| Minor: | | | | | | | Concentration: | | | |
| Justification for deletion of Minor/Concentration: | | | | | | | | | | |
| **Course/Student Information** | | | | | | | | | | |
| Are there courses you will no longer offer? Yes  No  If yes, list courses: | | | | | | | | | | |
| *Note: Course deletion forms must be submitted for each course.*  Are any of these courses required in another program? Yes  No  If yes, list courses: | | | | | | | | | | |
| Are students currently enrolled in the minor/con? Yes  No  If yes, Describe how they will be accommodated: | | | | | | | | | | |
| **IV. Endorsement/Approvals**  Complete form and obtain electronic signatures **before** submitting to University Curriculum Committee | | | | | | | | | | |
| **Department, College and Dean’s Approval** | | | | | | | | | | |
|  | | | Yes | No | | Name | | | Date | Comments |
| Department | | |  |  | |  | | |  |  |
| College Committee | | |  |  | |  | | |  |  |
| Dean’s Office | | |  |  | |  | | |  |  |
| **UNLV Check Area (Registrar’s Office)** | | | | | | | | | | |
|  | | | Yes | No | | Name | | | Date | Comments |
| Registrar - Curriculum | | |  |  | |  | | |  |  |
| Degree Audit (TADA) | | |  |  | |  | | |  |  |
| **Faculty Senate Curriculum Approval** | | | | | | | | | | |
| Curriculum Committee Chair | | | Yes | No | | Agenda # | | | Date | Comments |
|  | | |  |  | |  | | |  |  |
| **For use of the Registrar’s Office** | | | | | | | | | | |
|  | Initials | Date | | | Comments | | | | | |
| Acalog: |  |  | | |  | | | | | |
| MyUNLV: |  |  | | |  | | | | | |
| TADA: |  |  | | |  | | | | | |

**Save file** as program name followed by minordel (e.g., XXXminordel) and email to [**Curriculum@unlv.edu.**](mailto:Curriculum@unlv.edu)