**OFFICE OF THE REGISTRAR**

**FACULTY SENATE CURRICULUM COMMITTEE**

**Catalog Course Authorization**

Program Delete

**E-mail** form to **Curriculum@unlv.edu** in the Registrar’s Office.

**Save file** as program name followed by del (e.g., XXXXdel).

|  |
| --- |
| **I. Routing Information** |
| Where should this be sent following review? | 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. Program Information** |
| College:       | Department/School:       |
| Major:       | Bachelor of Arts  Bachelor of Science  |
| Justification for deletion of program: |
| **Course Information - *Note: Course deletion forms must be submitted for each course.*** |
| Are there courses you will no longer offer? Yes  No If yes, list courses: |
| Are any of these courses required in another program? Yes  No If yes, list courses: |
| Are students currently enrolled in the program? 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: |       |       |       |

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