LSCC CURRICULUM COMMITTEE& INSTRUCTION CC No. _____
Credit Program Deletion (Form CPD) 20____ 20____

DATE _____

CATALOG PROGRAM TITLE _____

Program Hours _____

RATIONALE FOR DELETION:

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Effective date for change: Term _____ **Year** _____

Originator (print name) _____ Signature _____ Date _____

The Department Chair signature indicates that notification of this recommendation has been sent to all full-time faculty in the academic discipline area.

Department Chair _____ Date_____

Dean-General Education and Transfer Programs_____ Date_____

Dean –Career & Technical Programs _____Date _____

_____

The following signatures indicate approval and recommendation by the Curriculum Committee;

Curriculum Chair _____Date _____

Curriculum Vice-Chair _____Date _____

Vice President-Academic & Student Affairs _____ Date_____

President _____ Date _____