



**2018-2019
PROPOSED DELETION OR ARCHIVE
OF COURSE**

****Please submit request to the Curriculum Office by December 1st ****

Please identify the request for consideration:

_____ Delete Course _____ Archive Course

Name of course proposed for deletion or archive:

Department submitting proposed deletion or archive:

Explanation for proposed deletion or archive:

Is this course deletion going to interfere with a course sequence?

___ Yes ___ No

Signature of Teacher Submitting

Signature of Department Chair

Date

Signature of Building Administrator

Date

Signature of Central Office Administrator

Date

- Approval has been granted
- Signed copy sent to Department Chair, Lead Counselor, and SIPA department