

CALIFORNIA STATE UNIVERSITY, EAST BAY  
COURSE DISCONTINUANCE REQUEST

Quarter: **FALL** Year: \_\_\_\_\_ Catalog: \_\_\_\_\_ Date Submitted to APGS: \_\_\_\_\_  
*[First Quarter/Year of Discontinuance] [Catalog in which the course will last appear]*

1. **Department** *[Name of department or program which offers the course]:* \_\_\_\_\_

2. **Alphabetical Prefix:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Full Title:** \_\_\_\_\_ **Abbreviated title:** \_\_\_\_\_

**Unit Value:** \_\_\_\_\_ **Course Classification Number:** \_\_\_\_\_ **Capacity:** \_\_\_\_\_

**Complete University Catalog Description:**

*[All of the above information can be retrieved from the course inventory. Check with Department Chair, Dean/Associate Dean, or College Curriculum Coordinator.]*

3. **Reasons** for discontinuing course: *[Why does the department want/need to discontinue this course?]*

4. **Effects**, if any, on **General Education-Breadth Requirement(s), U.S. History-Institutions Requirement, or the University Writing Skills Requirement.** *[Is this course approved for an area of GE? If so, which one? Is this course approved for the Code Requirement or the University Writing Skills Requirement?]*

5. **Effects**, if any, on **departmental programs.** *[Will the major, an option, a minor, or a certificate need to be revised with the discontinuance of this course? Is this course being replaced with another? If so, which one and are the two courses considered equivalent to each other or just a replacement course? In other words, will registration in the new course be restricted to only those students who did not take this course?]*

6. **Effects**, if any, on your department's **Program Learning Outcomes**. [Will the discontinuance of this course result in any changes to Program Learning Outcomes?]

7. **Consultation** with other affected departments and program committee:

- a) The following **department(s)** has (have) been consulted and raise **no objections** *(If there were no objections to this curriculum request after listing it on the Curriculum Sharepoint site for five working days, type in the following: "All Academic Departments and Programs at CSUEB were consulted using the Sharepoint Curriculum site and there were no objections.")*

- b) The following **department(s)** has (have) been consulted and **raised concerns** *(If there were unresolved objections to this curriculum request after listing it on the Curriculum SharePoint site for five working days, indicate the objecting department or program below, along with the specific concern. If there were no unresolved objections, type in "None.")*:

8. Certification of **department approval** by the chair and faculty.

Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
*[Print the Department chair's name here. Chair shall sign a hard copy for the College Office files.]*

9. Certification of **college approval** by the dean/associate dean and college curriculum committee.

Dean/Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
*[Print the Dean or Associate Dean's name here. A hard copy shall be signed for the College Office files.]*