

1. College: College of Education, Health, & Human Services (CEHHS)

2. Desired term FALL and year 2016 of implementation for this deletion.

CURRENT INFORMATION:

3. Course abbreviation and Number: EDST 648
4. Title: Cloud Computing for Education
5. Number of Units: 1
6. Is the Course Crosslisted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, indicate which course _____ and obtain signature in #8

ADDITIONAL INFORMATION:

7. Will the deletion impact the major? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe.																				
other majors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe.																				
student advising? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe.																				
8. Will the deletion impact other discipline(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.																				
<table border="0"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ Support</td> <td>_____ Oppose</td> </tr> <tr> <td>Discipline</td> <td>Signature</td> <td>Date</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ Support</td> <td>_____ Oppose</td> </tr> <tr> <td>Discipline</td> <td>Signature</td> <td>Date</td> <td></td> <td></td> </tr> </table>	_____	_____	_____	_____ Support	_____ Oppose	Discipline	Signature	Date			_____	_____	_____	_____ Support	_____ Oppose	Discipline	Signature	Date		
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Discipline	Signature	Date																		
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Discipline	Signature	Date																		
9. Reason(s) for deleting this course: There are no future plans to teach this course in the Educational Technology Certificate Program.																				



SIGNATURES:

1. Originator (Please Print) <u>Sinem Siyahhan</u> Date <u>02/01/2016</u>	5. UCC Committee Chair _____ Date _____
2. Program/Center/Department – Chair/Director <u>Manuel Vargas</u> Date <u>2-2-16</u>	6. General Education Committee Chair (if applicable) _____ Date _____
3. College Curriculum Committee <u>Nancy C. Comier</u> Date <u>3-14-16</u>	7. Vice President for Academic Affairs (or Designee) _____ Date _____
4. College Dean (or Designee) <u>Danise Lewis</u> Date <u>3/14/16</u>	8. President (or Designee) _____ Date _____