

1. College: CHABSS

2. Desired term Fall and year 2018 of implementation for this deletion.

CURRENT INFORMATION:

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|---|
| 3. Course abbreviation and Number: SOC 519 |
| 4. Title: Seminar in Sociology of the Life Course II |
| 5. Number of Units: 2 |
| 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? No Yes If yes, please describe.

other majors? No Yes If yes, please describe.

student advising ? No Yes If yes, please describe.

8. Will the deletion impact other discipline(s)?

Yes No If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

| | | | |
|------------------|-----------------|------------|--|
| Discipline _____ | Signature _____ | Date _____ | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Discipline _____ | Signature _____ | Date _____ | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |

9. Reason(s) for deleting this course:
The Master of Arts in Sociological Practice program is streamlining the elective offerings that we offer. We are eliminating ten of the existing seminars that are in the catalog and replacing them with four broadly constructed seminars.

SIGNATURES:

1. Originator (Please Print) Rhanelle Swan Date 10/25/17

2. Program/Center/Department – Chair/Director [Signature] Date 10-25-17

3. College Curriculum Committee [Signature] Date 12/6/17

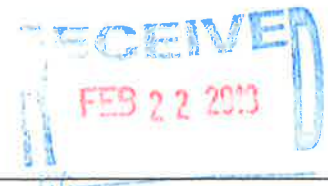
4. College Dean (or Designee) [Signature] Date 12/7/17

5. UCC Committee Chair _____ Date _____

6. General Education Committee Chair (if applicable) _____ Date _____

7. Vice President for Academic Affairs (or Designee) _____ Date _____

8. President (or Designee) _____ Date _____



PS _____ RP _____ Traker _____