

PCCD Curriculum Consultation Request

To:

Name:	Date:
Dept./School:	Role:
Dept Chair:	Dean:

From:

Name:	Dept./School:
Faculty:	Phone:
E-mail:	

We are proposing curriculum changes for the following courses or programs.

Course

New Reactivation Update Deactivation

Program

New Reactivation Update Deactivation

Dept:
Course Number/ Degree Type:
Title:
Reason for consultation:

We anticipate that you may have some interest in these proposals and we would appreciate receiving your comments on this form (must allot at least two weeks turn-around time).

PLEASE RESPOND NO LATER THAN:	
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Response

We support the Proposal. We have no interest in the proposal.
 We **DO NOT** support the Proposal (Reasons must be listed below or appended.).

Comments (Please type or print):

Respondent:

Name:	Dept./School:
Faculty:	Phone:

N.B. The originator should also send a copy of this form to their Curriculum Chair, Curriculum Specialist and Division Dean.