This course deactivation request form should be completed when a course will no longer be offered. The request will be reviewed by the Committee on Curriculum and, if approved, the course will be deactivated in the Course Database and removed from the College Catalog.

Date: Feb. 26, 2021

1. Course Information:

1.1 Course Prefix and Number: EST 625
Course Title: Wetland Management Policy

1.2 Reason for deactivation:

(Please check all that apply)

☒ Replaced by new course/course number/prefix
☐ Lack of enrollment
☐ Curriculum change
☒ Faculty retired/Left ESF
☒ Other: Course has not been taught for years. Other courses at ESF now fill this need.

2. Course Deactivation Date:

3. Affected Academic Department(s) or Program(s) – other than the sponsoring department:

____________________________________________________
Department/Program 1
Name of Chair/Program Director

Chair Signature
Or letter attached ☐
Date

____________________________________________________
Department/Program 2
Name of Chair/Program Director

Chair Signature
Or letter attached ☐
Date

____________________________________________________
Department/Program 3
Name of Chair/Program Director

Chair Signature
Or letter attached ☐
Date

[If more than three Departments/Programs, please continue on a separate page]
Other Units:

______________________________

Associate Provost for Instruction & Dean of the Graduate School (for General Education courses only)
Date

______________________________

Registrar
Date

4. **Proposer Information and Sponsoring Department Chair Affirmation:**

Contact Person:
Name: David Sonnenfeld________________________ Department: Environmental Studies
Email: dsonn@esf.edu __________________________ Phone: 315.464.0084

This proposal for course deactivation has been reviewed and approved by the sponsoring Department. Affected departments have been notified and given the opportunity to provide feedback.

Name: Benette Whitmore __________________________ Date: 2/26/2021
Department Chair (or designated curriculum representative)

Signature: __________________________ Or letter attached □
Department Chair (or designated curriculum representative)

5. **Approvals:**

______________________________
Curriculum Committee
Date

______________________________
Faculty Governance
Date