1. **Course number and title:**

**Course Program**:

2. **Effective Date/ Semester of Change or addition**:

3. **Type of course**:  Academic  Technical **CIP CODE:**

**Preparer(s):**

|  |  |  |
| --- | --- | --- |
| *Signature* | *Title* | *Date* |
|  |  |  |
|  |  |  |

**Reviewed and approved:**

|  |  |  |
| --- | --- | --- |
| *Signature* | *Title* | *Date* |
|  | *CRT Chair* |  |
|  | *Department Head* |  |
|  | *Assistant Academic Dean* |  |
|  | *Academic Dean* |  |

*This material was presented to the Curriculum Committee and approved on*

*and is eligible removal from the Blinn College catalog and class schedule on*

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*Vice Chancellor, Academic Affairs / Vice Chancellor, Student Services & Administration / Date*