UNDERGRADUATE COURSE DELETION PETITION

1. Course Title: Skating

2. Course Description: No course description in catalog

3. Last Semester and year the course will be offered (check only one):

   [ ] Fall  [X] Spring  [ ] Summer I  [ ] Summer II  [ ] Summer III  2013

4. Attach rationale for the course deletion.

5. Department faculty signatures (majority required). If an interdisciplinary program, a
   majority of each department must sign this form. Number of Faculty in Dept(s) __9__

   [Signature]

   [Signature]

   [Signature]

   [Signature]

6. Sent to Chair, College Curriculum Committee:
   Date: 2/20

7. Received by Chair, College Curriculum Committee:
   Approved [X] Not Approved [ ]
   Date: 2/20

   [Signature]
   Chair of Committee
   Date: 2/20

8. Sent to the Dean of the College of SEE
   Approved [X] Not Approved [ ]
   Date: 2/20

   [Signature]
   Dean of College
   Date: 2/20

9. Sent to Provost Office.
   (Original plus an electronic copy to Michele Duran at mduran@usi.edu)
   Date: 2/20

10. Received in Provost Office:
    Date: FEB 22 2013
11. Notified Chair of Curriculum Committee: Date: __________

12. Curriculum Committee Meeting date to discuss petition: Date: __________

13. Curriculum Committee Meeting date published in USI Today: Date: __________

14. Received by Chair of Curriculum Committee: Date: __________
   Approved ☐ Not Approved ☐
   Signature: ____________________________________________
   Chair of Curriculum Committee

15. Sent to Provost: Date: __________

16. Received by Provost: Date: __________
   Approved ☐ Not Approved ☐
   Signature: ____________________________________________
   Provost

17. Notice of approval by Provost for publication in USI Today: Date: __________

18. Notified Registrar, Core Curriculum Coordinator, and Teacher Certification and Licensing Director of final approval: Date: __________
Rationale for Course Deletion

This course has not been offered in the last decade and we do not have any of the equipment and/or venue to offer it.