UNDERGRADUATE COURSE DELETION PETITION

1. Course Title: Touch Football

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
   Year: 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) ______
   - Signature: [Signatures]
   - Date: 2/20/13
   - Department Chair

6. Sent to Chair, College Curriculum Committee:
   - Date: 2/28/13

7. Received by Chair, College Curriculum Committee:
   - Approved [x] Not Approved [ ]
   - Signature: [Signature]
   - Chair of Committee
   - Date: 3/20/13

8. Sent to the Dean of the College of ______
   - Approved [x] Not Approved [ ]
   - Signature: [Signature]
   - Dean of College
   - Date: 2/20/13

9. Sent to Provost Office.
   (Original plus an electronic copy to Michele Duran at mlduran@usi.edu)
   - Date: 2/21/13
   - FEB 2 2 2013

10. Received in Provost Office:
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:  
   Approved □ Not Approved □  
   Signature: ____________________________  
   Chair of Curriculum Committee  
   Date: 

15. Sent to Provost:  
   Date: 

16. Received by Provost:  
   Approved □ Not Approved □  
   Signature: ____________________________  
   Provost  
   Date: 

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.