UNDERGRADUATE COURSE DELETION PETITION

1. Course Title: Aerobicise

2. Course Description: No course description in catalog

3. Last Semester and year the course will be offered (check only one):
   - Fall
   - Spring
   - Summer I
   - Summer II
   - Summer III
   - 2013
   - Year

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
   - [Signatures]

   Department Chair

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

7. Received by Chair, College Curriculum Committee:
   - Approved □ Not Approved □
   - Signature: [Signature]

   Chair of Committee
   - Date: 2/20

8. Sent to the Dean of the College of [Name]
   - Approved □ Not Approved □
   - Signature: [Signature]

   Dean of College
   - Date: 2/20

9. Sent to Provost Office.
   (Original plus an electronic copy to Michele Duran at mlduran@usi.edu)

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: ________________________________ Date: 
   Chair of Curriculum Committee 

15. Sent to Provost: Date: 

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