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| --- |
| **ARCHIVAL**(Secondary)Click here to enter text. |
| Course Title (Alpha, Number, Course Title) or Program Title |
| Click here to enter text. |  | Click here to enter text. |
| School |  | Department |
| Click here to enter text. |  | Click here to enter text. |
| Author(s) |  | Date Submitted |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **APPROVED BY NAME** | **APPROVED** | **DISAPPROVED** | **DATE** | **ACTION** |
| **DEPARTMENT CHAIR** | Click here to enter text. |[ ] [ ]  Click here to enter a date. |  |
| **REGISTRAR** | Click here to enter text. |[ ] [ ]  Click here to enter a date. |  |
| **DEAN** | Click here to enter text. |[ ] [ ]  Click here to enter a date. |  |
| **VP, ACADEMIC AFFAIRS** | **Dr. R. Ray D. Somera** |[ ] [ ]  Click here to enter a date. |  |
| **PRESIDENT** | **Dr. Mary A.Y. Okada** |[ ] [ ]  Click here to enter a date. |  |

As part of the archival review process, the most recently approved curriculum document ***must*** be attached in addition to completing the required information below.

COURSE ARCHIVAL

1. Justification for course archival

Click here to enter text.

1. Plans and implementation date for phasing out this course

Click here to enter text.

1. Plans for students currently enrolled in the course or enrolled in the program requiring the course

Click here to enter text.

PROGRAM ARCHIVAL

1. Justification for program archival

Click here to enter text.

1. Plans and implementation date for phasing out this program

Click here to enter text.

1. Plans for students currently enrolled in the program

Click here to enter text.