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## APPENDIX I: REINSTITUTION OF ARCHIVED CURRICULA

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DATE:

TO:	President	Approved: _____	Date: _____
VIA:	VPAA	Approved: _____	Date: _____
	Dean	Approved: _____	Date: _____
	Registrar	Approved: _____	Date: _____
	Dept. Chair	Approved: _____	Date: _____

FROM:

SUBJECT: Request Reinstitution of Curriculum

**COURSE REINSTITUTION IN ALPHA \_\_\_\_\_ NUMBER \_\_\_\_\_ TITLE \_\_\_\_\_**

Attach course guide

- \_\_\_\_\_ 1. Justification for course reinstitution
- \_\_\_\_\_ 2. Plans and implementation dates for updating course guide (if older than five years)

**PROGRAM REINSTITUTION \_\_\_\_\_**

Attach program form

- \_\_\_\_\_ 1. Justification for program reinstitution
- \_\_\_\_\_ 2. Plans and implementation date for updating program guide (if older than five years)