**First Appearance Report**

**ACADEMIC POLICY AND PLANNING COMMITTEE**

**SUNSET POLICY**

The following course has been identified as one that is subject to the college's sunset policy because it has not been successfully taught for at least two calendar years. When a course is dropped, it is removed from the catalog, and listed as inactive. Re-activating a course requires a departmental faculty course review process and must occur within three years. Subsequent to a course being inactive for three years, it automatically becomes archived. To offer a course that has been archived, a new course proposal must be submitted.

Course Prefix & Number Course Title

1. \_\_\_\_\_\_This course should not be on the sunset list because:

It was offered successfully:

(Please give semester and year.)

2. \_\_\_\_\_\_The department concurs that the course should be dropped from the curriculum. Please include confirmation for the following:

Ran Course Impact Report

(Please give semester and year.)

Communicated with departments that may be impacted

(Please give semester and year.)

Please note: current and future consideration should be given to a dropped course and its potential impact on: other courses; existing degree programs; existing certificates; course articulation; and C-ID (Course Identification Numbering System) status.

For rationale responses 3-6 below, indicate:

A.

(Last semester and year offered.) (Last semester and year successfully taught.)

B. Include/attach evidence to demonstrate enrollment data. (ex., annual update, program review, mandates, external board requirements, or other atypical circumstances)

3. \_\_\_\_\_\_ The course will be offered again during the upcoming Spring, Summer, and/or Fall terms.

4. \_\_\_\_\_\_The department wishes to change the course to a Special Topic 199 or 399 (circle one). (The College Catalog indicates these courses are not included in any major core.)

5. \_\_\_\_\_\_The department wishes to retain the course, with course modifications via the current curriculum proposal process, for the following specific reasons (Attach additional rationale if needed.):

(Please provide submission date and initiator for course modification proposal.)

6. \_\_\_\_\_\_The department wishes to continue with this course due to the following extenuating circumstances (Attach additional rationale if needed.):

**PREPARED BY: DEPARTMENT ACTION:**

# YES\_\_\_\_\_# NO \_\_\_\_\_ # ABSTENTIONS\_\_\_\_\_

Signature of Initiator

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**REVIEWED BY:**

Date:

AP&P Representative

Date:

Department Chair

Date:

Academic Dean\*

\*Indicates ability of district to financially support course offering within the next two semesters.