



**COPPER MOUNTAIN COLLEGE  
COURSE DEACTIVATION REQUEST**

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

Reason for Deactivation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed** Date of Deactivation: \_\_\_\_\_

\_\_\_\_\_  
Faculty Initiator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Curriculum Committee Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Senate President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean for Instruction, CIO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/President

\_\_\_\_\_  
Date

**Board of Trustees approval date:** \_\_\_\_\_