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| For Academic Affairs and Research Use Only | |
| Proposal Number: | NHP55 |
| CIP Code: |  |
| Degree Code: |  |

**COURSE DELETION PROPOSAL FORM**

**[X] Undergraduate Curriculum Council**

**[ ] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

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| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Dr. Amy Hyman | 3/16/2022 |   **Department Curriculum Committee Chair** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **COPE Chair (if applicable)** |
| |  |  | | --- | --- | | Dr. Joseph Richmond | 3/18/22 |   **Department Chair** | |  |  | | --- | --- | | Sara Walker, MS, NRP | 3/18/22 |   **Head of Unit (if applicable)** |
| |  |  | | --- | --- | | Shanon Brantley | 3/24/2022 |   **College Curriculum Committee Chair** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Undergraduate Curriculum Council Chair** |
| \_\_Scott E. Gordon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3/24/22 **College Dean** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Graduate Curriculum Committee Chair** |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **General Education Committee Chair (if applicable)** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Vice Chancellor for Academic Affairs** |

1. **Course Title, Prefix and Number**

EMS 1041 Introduction to Emergency Medical Services

1. **Contact Person** (Name, Email Address, Phone Number)

Amy Hyman, ahyman@astate.edu, 870-680-8286

1. **Justification**

The information is this course is covered in the course EMS 1057. There is not enough content in this course to be taught over an entire semester.

1. **Last semester course will be offered**

Fall 2022

1. **[Yes] Does this course appear in your curriculum? (if yes, and this deletion changes the curriculum, a Program Modification Form is required)**

Program Modification form is completed

1. **[NO] Is this course dual-listed (undergraduate/graduate)?**

Course is only undergraduate

1. **[NO] Is this course cross-listed with a course in another department?**

If yes, which course(s)?

Enter text...

1. **[NO] Is there currently a course listed in the Bulletin or Banner which is a one-to-one equivalent to this course (please check with the Registrar’s Office if unsure)?**

If yes, which course?

Enter text...

**Bulletin Changes**

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| **Instructions** |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Please include a before (with changed areas highlighted) and after of all affected sections.**  **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.** |

* Refer to Program Modification Form NHP43 AAS DPEM CP EMT Curricular Revision