

Davison Community Schools  
**ADVISORY CURRICULUM COUNCIL**  
*PROPOSAL FOR DELETION OF COURSE*

Subject Area \_\_\_\_\_ Grade (s) \_\_\_\_\_

Contact Person \_\_\_\_\_ Date Submitted \_\_\_\_\_

1. COURSE TITLE: \_\_\_\_\_

2. RATIONALE FOR DELETION OF COURSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. HOW WILL THIS IMPACT CURRENT COURSE OFFERINGS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. WILL ANOTHER COURSE REPLACE THIS ONE? (If yes, which course.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. IN WHICH PHASE IS THIS COURSE CURRENTLY?

\_\_\_\_\_  
\_\_\_\_\_

Building administrator or curriculum coordinator approval of request

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