

California State University, Long Beach  
General Education Decertification Request

**Instructions: Complete and submit pages**

I. Course Identification

Dept Prefix and Course Number: \_\_\_\_\_

Official Course Title: \_\_\_\_\_

II. Course Coordinator

Faculty member(s) responsible for this course and for this report:

\_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

III. Course History

Frequency of offering during past three years:

Every semester \_\_\_\_ Once a year \_\_\_\_ Other (describe) \_\_\_\_\_

Number of sections per offering \_\_\_\_\_ Number of instructors teaching the course \_\_\_\_\_

IV Rational for Request

V. **Required** Signatures

By signing below, the department chair, college curriculum committee chair, and the college dean/associate dean verify that they have reviewed this action request and its supplemental materials for completeness, and attest to the appropriateness of the requested action.

Chair, Department of \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGN NAME: \_\_\_\_\_

Chair, Curriculum Committee: College of \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGN NAME: \_\_\_\_\_

(Assoc.) Dean, College of \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGN NAME: \_\_\_\_\_