University of Hawaii Community Colleges  
Proposal to Initiate, Modify or Delete a Course

1. Type of Action
   □ A. Addition  □ Regular or □ Experimental or □ Other (click and type to specify)
   ✗ B. Deletion
   □ C. Modification: □ in credits □ in title □ in number or alpha
   □ in prerequisites or co-requisites □ Other (click to specify)

2. New Alpha, Number and Title
3. Credits *

4. Old Alpha, Number and Title  AG 32D Plant Disease and Pest Control
5. Credits 1 credit

6. New Catalog Description

7. Select box and type specific information in text box.
   □ Prerequisites □ Corequisites or
   □ Recommended Preparation

8. Student Contact Hours Per Week
   Lecture
   Lecture/Lab
   Lab
   Other (click to specify)

9. Proposed Date of First Offering
   Semester Fall
   Year 2010

10. This course □ is proposed for the * Program. □ can fulfill * If Other, specify

11. This course * the number of credits required for the program/core.

12. Equivalent or similar courses offered in the UH System:

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<th>Campus</th>
<th>Alpha, Number, Title</th>
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13. This course is (check one and click in appropriate textbox and provide details):
   □ Already articulated with
   Provide details of existing or desired articulation (date, college(s), purposes, pre-major, etc.) in this space:

   □ Appropriate for Articulation with
   Provide details of existing or desired articulation (date, colleges(s), purposes, pre-major or major, etc.) in this space:

   □ Not yet appropriate for Articulation.

14. Reason for Initiating, Modifying or Deleting Courses or Other Pertinent Comment:
   AG 132 (new course approved) substitutes for Ag 32D

Requested by: [Signature]
Approved by: [Signature]

Dean of Instruction
Provost

CCCM #6100 (Amended for WCC use October 2002)
University of Hawaii Community Colleges
Proposal to Initiate, Modify or Delete a Course

Levels of Review of Course Proposal at Windward Community College

Course Alpha, Number, and Title: AG 32D Plant Disease and Pest Control

1. Department Area (more than one departmental instructor's signature required)
   
   [Signature]
   
   [Date: 2/1/10]

2. Department Chairperson
   
   [Signature]
   
   [Date: 2/2/10]

3. Division
   
   [Signature]
   
   [Date: 2/3/10]

4. Curriculum Committee Review
   
   Approved [X]
   
   Disapproved [ ]
   
   Reason:
   
   [Signature]
   
   Curriculum Committee Chairperson
   
   [Date: 2/9/10]

CCCM #6100 (Amended for WCC use October 2002)