### Spring 2022 Sunset List

**Due Date: 01/28/2021**

**Department:** College of Population Health

**RETURN ELECTRONICALLY TO:** Anna Gay (agay@unm.edu)

Unless another action is requested, all courses below will be Sunset:

<table>
<thead>
<tr>
<th>COLLEGE</th>
<th>SUBJECT</th>
<th>COURSE#</th>
<th>TITLE</th>
<th>AOA</th>
<th>SUNSET</th>
<th>DEACTIVATE</th>
<th>SUNSET EXCEPTION</th>
<th>CURRENT ENROLLMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>PH</td>
<td>375</td>
<td>Population Health Field Exper</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO</td>
<td>PH</td>
<td>503</td>
<td>Epidemiology &amp; Biostatistic II</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUNSET:** Course is no longer active in Banner and is unavailable for scheduling. Course is removed from the UNM Catalog. The course number is subject to an eight semester moratorium. Form B is required to reinstate the course.

**DEACTIVATE:** Course is unavailable for scheduling. A deactivated course may be reactivated by Form A within four semesters. If not reactivated within four semesters, the course is sunset.

**SUNSET EXCEPTION:** Request for exception must be submitted on department/program letterhead, addressed to the Faculty Senate Curricula Committee Chair, and signed by the Department Chair/Program Director. The request must document why the course has not had enrollment in the last eight semesters and must propose a dated plan for enrollment. Courses in sunset exception status lacking enrollment within the next four semesters will be sunset.

**CURRENT ENROLLMENT:** If a course on this list is scheduled for the current term and has enrollment, check this box. The course will remain active as long as enrollment is retained until the end of this semester.

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**AOA:** If a course has a ‘Y’ in the AOA ‘Also Offered As’ column, consult with the other department(s) that hold the AOA course regarding your requested action. The equivalent status between the courses may be severed.

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**Department Chair/Program Director Signature**

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**Date**