



## Request for a Course Deletion

PLEASE COMPLETE AS INDICATED

<b>COURSE PREFIX, NUMBER AND TITLE</b>			
<b>TERM AND YEAR OF REQUESTED IMPLEMENTATION</b>			
<b>COLLEGE:</b>		<b>DEPARTMENT:</b>	
<b>CONTACT PERSON:</b>		<b>PHONE:</b>	
<b>E-MAIL:</b>			

### SIGNATURES:

IF DISAPPROVED OR APPROVED WITH RESERVATIONS, ATTACH RATIONALE FOR SUCH ACTION.

DEPARTMENT CHAIR	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
COLLEGE CURRICULUM COMMITTEE	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
COLLEGE DEAN(S)	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
GRADUATE DEAN (GRADUATE COURSES ONLY)	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
UNIVERSITY CURRICULUM COMMITTEE	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
UNIVERSITY SENATE	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
VICE PRESIDENT FOR ACADEMIC AFFAIRS (IF NEEDED)	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE

I. PROVIDE A RATIONALE FOR THE COURSE DELETION:

II. DOES THIS COURSE FULFILL ANY REQUIREMENTS IN ANY PROPOSED OR EXISTING MAJOR, MINOR, CERTIFICATE OR OTHER PROGRAM?

Yes\*

No

\*IF YES, PROVIDE:

(1) THE APPROPRIATE PROGRAM CHANGE OR NEW PROGRAM REQUESTS, AND

(2) LETTERS OF AGREEMENT FROM DEPARTMENT CHAIRS OR OTHER ADMINISTRATORS RESPONSIBLE FOR THE PROGRAMS AFFECTED BY THIS REQUEST.

III. DOES THIS COURSE FORM A PART OF ANY ARTICULATION AGREEMENT? (IF QUESTIONS, CONTACT COLLEGE OFFICE FOR CLARIFICATION.)

Yes

No