



## College of Arts and Sciences: Request for a Course Deletion

### SIGNATURES:

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

DEPARTMENT CHAIR	DATE	APPROVE	DISAPPROVE
COLLEGE CURRICULUM COMMITTEE	DATE	APPROVE	DISAPPROVE
COLLEGE DEAN(S)	DATE	APPROVE	DISAPPROVE
GRADUATE DEAN (GRADUATE COURSES ONLY)	DATE	APPROVE	DISAPPROVE
UNIVERSITY CURRICULUM COMMITTEE	DATE	APPROVE	DISAPPROVE
UNIVERSITY SENATE	DATE	APPROVE	DISAPPROVE
VICE PRESIDENT FOR ACADEMIC AFFAIRS (IF NEEDED)	DATE	APPROVE	DISAPPROVE

PLEASE COMPLETE AS INDICATED

COURSE PREFIX, NUMBER AND TITLE			
TERM AND YEAR OF IMPLEMENTATION			
COLLEGE:		DEPARTMENT:	
CONTACT PERSON:		PHONE:	
E-MAIL:			

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 NEEDED, CONTACT COLLEGE OFFICE FOR CLARIFICATION.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No