

COURSE DELETION PROPOSAL

DATE PREPARED: _____

DEPARTMENT: _____ DIVISIONAL COMMITTEE: _____

THIS COURSE PROPOSAL HAS BEEN APPROVED BY DEPARTMENT CURRICULUM COMMITTEE: ___ YES ___ NO

DELETION EFFECTIVE: ___ FALL or ___ SPRING or ___ SUMMER 19 ___ - ___ ACADEMIC YEAR

1. COURSE NUMBER: ___ - ___ - ___ - ___ - ___

2. COURSE TITLE:

3. CROSSLISTED WITH (be sure to consult other departments and indicate whether or not their crosslist should be deleted also):
DEPARTMENT DELETION DESIRED (YES / NO)

4. IS THIS COURSE DELETION RELATED TO A NEW COURSE PROPOSAL?

YES If YES, please indicate on the new course proposal (item #17) and attach this deletion request to the New Course Proposal. Attach supporting letters from all crosslisting departments.

NO If NO, enter below an explanation for the proposed deletion. Attach supporting letters from all crosslisting departments.

5. DOES THIS COURSE SERVE AS A PREREQUISITE FOR COURSES IN OTHER DEPARTMENTS, OR IS IT REGULARLY ATTENDED BY STUDENTS FROM OTHER DEPARTMENTS?

YES If YES, include supporting letters from those departments.

NO

6. WAS THIS COURSE REQUIRED FOR THE MAJOR IN YOUR DEPARTMENT OR ANOTHER DEPARTMENT? ___ YES ___ NO

7. WITH THIS DELETION, DOES A REQUIREMENT FOR THE MAJOR CHANGE? ___ YES ___ NO

If YES, please specify _____

8. PLEASE ATTACH A COVER LETTER AND OTHER RELEVANT MATERIAL.