

COURSE DELETION FORM

**PROVIDE THE INFORMATION ABOUT THE DELETION IN THE ORDER BELOW
DO NOT OMIT A SECTION. This requires approval.**

1. PROPOSED DELETION BRIEF SUMMARY

Department: _____

Course Prefix: _____ **Course No.** _____

Course Title: _____

2. CURRENT LISTINGS IN CATALOG (include ALL page numbers where it is presently listed in the catalog):

3. RATIONALE (provide explanation and any background for this deletion):

APPROVED BY:

THE DEPARTMENT OF _____ *Date* _____

Department Chair Signature *Date* _____

THE SCHOOL OF _____ *Date* _____

Dean Signature *Date* _____

TEACHER EDUCATION COUNCIL (if required) ON _____ *Date* _____

DEAN COUNCIL (if required) ON _____ *Date* _____

UNIVERSITY FACULTY (if required) ON _____ *Date* _____

PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS

Signature *Date* _____