Request for Course Deletion

Department Chair Name:			
Course Number:			
Course Title:			
Course Units:			
Please circle appropriate answer.			
. Why are you deleting this course?			
□ No longer offered on a regular basis.			
□ No faculty currently available to teach the course.			
□ Other (explain)			
. If this course is a major or minor requirement, does deleting it impact your students?			

 \Box No \Box Yes (explain)

3. Is the deleted course cross-listed or does it contribute to other programs?

□ No □ Yes (explain)

4. If the answer to 3 is "yes," please have the director/chair of those programs approve the change.

			Signature(s)
5.	Does the proposed deletion carry Gen Ed credit?	□Yes □No	
	If yes, does your program offer alternatives?	□ Yes □ No	

6. Please attach a relevant catalog copy showing every instance where the course should be deleted, including interdisciplinary majors, minors, and programs in addition to your own.