Request for Course Deletion

De	partment Chair Name:				_
Со	urse Number:				_
	urse Title:				_
Со	urse Units:				
Ple	ease circle appropriate answer.				
1.	Why are you deleting this course?				
	□ No longer offered on a regular basis.				
	□ No faculty currently available to teach the course.				
	□ Other (explain)				
2.	If this course is a major or minor requirement, does de	leting it impa	act your studen	ts?	
	□ No □ Yes (explain)				
3.	Please search the Catalog for the course number/name interdisciplinary programs). Is this course cross-listed?	e being dele	ted to be certai	n you have identified a	all cross-listings (including
	□ No □ Yes				
4	If the appropriate Q is "tree " releases have the discrete, less	-i		the shares	
4.	If the answer to 3 is "yes," please have the director/cha	aii oi triose p	orograms appro	ve 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 in	nstance whe	re the course s	should be deleted, incl	uding interdisciplinary