

COURSE DELETION PROPOSAL

**All forms must be submitted with:
Department minutes showing discussion/approval, and signed hard copy to Academic Affairs.**

Section 1 - GENERAL INFORMATION:			
Initiator:	Division:	Date Submitted:	Effective Term/Year:
E-mail:	Phone Number:	State Mandated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 2 - COURSE DETAIL			
Course Prefix & Number:	Course Title (no abbreviations):		
CHECK ALL THAT APPLY: Delete course from <input type="checkbox"/> Program <input type="checkbox"/> Workday		Which programs will be affected by this course deletion?	
Rational for deleting the course - please include information on efforts made to make the course successful:			