

Please submit the typed original with all required signatures to the Graduate Council

Form functionality most compatible using Adobe Acrobat 9 and newer.

Department: _____

Graduate
Curriculum
Committee
Member(s): _____

Contact Person: _____

Course(s) to be removed from Graduate Catalog (please indicate number and title):

Rationale for removing the course(s):

Does removal of this course affect any other courses (Prerequisite, Corequisite) Yes No

If yes, please submit course change proposal to address this.

Does removal of this course affect any programs or plans of study? Yes No

If yes, please submit program change proposal form to show how requirements will change.

Reviewed by Dean: _____

Required Signatures—Graduate and Continuing Education Course Removal

Graduate Program Chair: _____ Date: _____

Department Chair: _____ Date: _____

Graduate Council Chair: _____ Date: _____
(Indicates Graduate Council approval)

President: _____ Date: _____