

**REQUEST FOR REMOVAL OF COURSE FROM CURRICULUM**

1. Course Title:  Course Number:

2.  Undergraduate  Graduate  Both

3. Proposed Effective Date (Term and Year)

4. Reason for Removal of Course from Curriculum:

5. Is this course part of any other program? If so, please attach evidence that you have informed that program of your intention to remove the course (e.g., an email, etc.)

**APPROVAL RECOMMENDED BY:**

| UNIT                      | SIGNATURE (use <b>BLUE</b> ink please)    | DATE  |
|---------------------------|---|-------|
| For Program               | _____                                     | _____ |
| Division Chair            | _____                                     | _____ |
| Chair, College AAC/CC     | _____                                     | _____ |
| Dean, of College          | _____                                     | _____ |
| UCRC/GCRC                 | _____                                     | _____ |
| President, Faculty Senate | _____                                     | _____ |
|                           | (Endorsement of UCRC/GCRC Recommendation) |       |

**APPROVED:**

\_\_\_\_\_  
SENIOR VICE PRESIDENT & PROVOST

\_\_\_\_\_  
DATE