



**UNIVERSITY  
OF GUAM**  
*Unibetsedât*  
**GUAHAN**

Office of Academic and Student Affairs

**REQUEST FOR PROGRAM REMOVAL**

1. Title: \_\_\_\_\_ Course No.: \_\_\_\_\_
2.  SUBSTANTIVE  NONSUBSTANTIVE
3.  UNDERGRADUATE  GRADUATE  BOTH
4. PROPOSED EFFECTIVE DATE (TERM and YEAR): \_\_\_\_\_
5. PROGRAM AFFECTED BY REMOVAL  
\_\_\_\_\_
6. REASON FOR REMOVAL OF PROGRAM FROM CURRICULUM:

APPROVAL RECOMMENDED BY:

	<b>UNIT SIGNATURE</b> (use BLUE pen please)	<b>DATE</b>
For Program	_____	_____
Administrative Chair	_____	_____
Chair, College AAC/CC	_____	_____
Dean, of College	_____	_____
UCRC/GCRC	_____	_____
President, Faculty Senate (if substantive)	_____	_____
	(Endorsement of UCRC/GCRC Recommendation)	

**APPROVED:**

\_\_\_\_\_  
SENIOR VICE PRESIDENT  
ACADEMIC & STUDENT AFFAIRS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHAIRPERSON, BOARD OF REGENTS  
ACADEMIC & STUDENT AFFAIRS

\_\_\_\_\_  
DATE