

## Request to Drop Course from the Catalog

Date: \_\_\_\_\_ Effective Term: \_\_\_\_\_

Department and Course Number: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Instructor and/or Departmental Contact: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

**Justification** (reason for dropping course and impact on intra- and non-departmental programs):

**Identify any course(s) for which the dropped course is a prerequisite/corequisite. Please attach approval memo from departmental representative/head.**

Department Head/Chair: \_\_\_\_\_

College Curriculum Committee Representative: \_\_\_\_\_

College Dean: \_\_\_\_\_