# UNIVERSITY REGISTRAR
## VIRGINIA TECH.

**Request to Drop Course from the Catalog**

| General Information | | | |
|---|---|---|---|
| **Date:** | | **Effective Term:** | |
| **College/Department:** | | | |
| **Course Designator and Number:** | | | |
| **Title of Course:** | | | |
| **\*If cross-listed, include Designator/Number:** | | | |
| **Instructor and/or Department Contact:** | | | |
| **Contact Phone:** | | **Contact E-mail:** | |

| Justification for dropping course and impact on intra- and non-departmental programs. |
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| |

| Identify any course(s) for which the dropped course is a prerequisite/ corequisite. |
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| |

*Please attach approval memo from departmental representative/ head. \*If cross-listed, please include "Ending Cross-List Memo"*

| Approval Signatures | | | |
|---|---|---|---|
| **Department Head/Chair:** | | **Date:** | |
| **College Curriculum Committee Representative:** | | **Date:** | |
| **College Dean or Designee:** | | **Date:** | |

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