



General Information			
Date:		Effective Term:	
College/Department:			
Course Designator and Number (<i>Cross-listed Course Designator and Number</i>):			
Title of Course:			
Instructor and/or Department Contact:			
Contact Phone:		Contact E-mail:	

Justification 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. *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:	