**OFFICE OF THE SENIOR VICE PRESIDENT AND PROVOST**

1. Course Title:

**REQUEST FOR REMOVAL OF COURSE FROM CURRICULUM**

1. 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 **BLUE** ink please) DATE

|  |  |
| --- | --- |
| For Program |    |
| Division Chair |
| Chair, College AAC/CC |   |   |
| Dean, of College |   |   |
| UCRC/GCRC |   |   |
| President, Faculty Senate |   |   |
| **APPROVED:** | (Endorsement of UCRC/GCRC Recommendation) |  |

SENIOR VICE PRESIDENT& PROVOST DATE