AA FORM 50—REQUEST TO DELETE A COURSE

Governors State University

I. EXISTING COURSE INFORMATION—COMPLETE ALL ITEMS:

College: ❑ CAS ❑ CBPA ❑ COE ❑ CHHS

Course Number: | | | | | | | | | | | |
Division/Dept. Discipline Index No.

_____
Individual Initiating Request Date

Course Title: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(max. 31 characters including spaces)

Level: ❑ UG ❑ G ❑ D

Required Course: ❑ Yes, specify major(s): _____

❑ No

Has this course been required in this or any other major in the last five years? ❑ Yes ❑ No

Academic year deletion is effective: AY_____

Academic term deletion is effective: ❑ Fall ❑ Spring ❑ Summer Session

II. REASONS FOR REQUEST:

❑ Low enrollments

❑ Offered infrequently

❑ Course number changed (must be accompanied by a Request for a New Course form).

❑ No longer needed to support curriculum

❑ Replaced by another course: _____
Number of Course

❑ Other, specify:_____

Describe impact of deletion of course on students:

III. RECOMMENDATIONS:

_____
Division/Department Chair Date

_____
Dean of the College Date

_____
Faculty Review Representative Date

_____
University Curriculum Committee Chair Date

_____
Graduate Council Chair Date
*For graduate courses only

APPROVAL:

_____
Provost Date

063510

AA Form 50 Copies: Deans, Department/Division Chairs, Registrar, GC Chair, UCC Chair, Provost, Individual Initiating Request