Request for Course Deletion

De	partment Chair Name:				
Со	urse Number:				
	urse Title:				
Со	urse Units:				
Ple	ase circle appropriate answer.				
1.	Why are you deleting this course?				
	\square No longer offered on a regular basis.				
	$\hfill\square$ No faculty currently available to teach the course.				
	□ Other (explain)				
2.	If this course is a major or minor requirement, does del	eting it impa	act your students?		
	□ No □ Yes (explain)				
_			•		
3.	Is the deleted course cross-listed or does it contribute to other programs?				
	□ No □ Yes (explain)				
4.	If the answer to 3 is "yes," please have the director/cha	ir of those r	rograms approve the	chango	
4.	if the answer to 5 is yes, please have the director/tha	iii oi tiiose t	rograms approve the	change.	
					Signature(s)
5.	Does the proposed deletion carry Gen Ed credit?	□ Yes	□ No		
	If yes, does your program offer alternatives?	□ Yes	□ No		
6.	Please attach a relevant catalog copy showing every in	stance whe	re the course should I	pe deleted, including	interdisciplinary