



# Course Deletion

## Course Inventory Update Form

College: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Department: \_\_\_\_\_ Effective: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Course Prefix and Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Justification for Deletion:

Complete only if course is required in other degrees:

Other degrees requiring course: _____	
Describe how other degree requirements will be met:	
_____ Signature of other Department Chair Requiring Course	_____ Date

### REQUIRED SIGNATURES

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

College Curriculum Council Review: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

University Curriculum Council Review: \_\_\_\_\_ Date: \_\_\_\_\_

Provost: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only
Date of Board Approval: _____