

**EASTERN MICHIGAN UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS**

REQUEST FOR COURSE DELETION

DEPARTMENT: _____ **COLLEGE:** _____
DEPARTMENT CONTACT: _____ **PHONE:** _____
CONTACT EMAIL: _____

A. Rationale/Justification for Proposed Action:

B. Course Information

1. Subject Code, Course Number and Title: _____
 2. Last time the course will be offered? Term _____ Year _____
 3. List all departmental programs for which this course is Required or a Restricted Elective.
Program _____ Required _____ Restricted Elective _____
Program _____ Required _____ Restricted Elective _____
 4. Is this course required by programs in other departments? Yes _____ No _____
 5. If yes, do the affected departments support this change? Yes _____ No _____
If yes, attach letters of support. If no, attach letters from the affected department explaining the lack of support, if available.
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C. Action of the Department/College

1. Department

Vote of department faculty: For _____ Against _____ Abstentions _____
(Enter the number of votes cast in each category.)

Department Head Signature Date

2. College

College Dean Signature Date

3. Graduate School

Associate Dean Signature Date

D. Approval

Associate Vice-President for Undergraduate Studies Signature Date