

**EASTERN MICHIGAN UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS**

REQUEST FOR COURSE DELETION

DEPARTMENT/SCHOOL: _____ **COLLEGE:** _____
CONTACT PERSON: _____ **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/school 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/schools? 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/School and College

1. Department/School

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

Department Head/School Director Signature

Date

2. College

College Dean Signature

Date

3. Graduate School (if Graduate Course)

Graduate Dean Signature

Date

D. Approval

Associate Vice-President for Academic Programming Signature

Date