

Graduate Course Removal Proposal

Department/Committee Information

The main contact person for the Graduate Curriculum Committee should fill out this form.

Requestor Name: *

Members of the Graduate Curriculum Committee:

Department / Unit Developing: *

Chair of Department for Program: * Chair Email: *

Academic Dean of Department or Program: * Academic Dean E-mail: *

Course(s) Information

Course(s) to be removed from the Graduate Catalog:
Please indicate all number(s) and title(s)

*

Rationale for removing the course or courses from the Graduate Catalog:

*

Does the removal of this course affect other courses? (Prerequisite, Corequisite)

* Yes
 No

Does the removal of this course affect any programs or plans of study?

* Yes
 No

Signatures

*
Margaret O'Hearn-Curran 09/29/2021
Requester Signature: Date

*
Denise Sargent 10/04/2021
Department Chair Approval: Date

*
Nancy Murray 10/08/2021
Academic Dean Signature: Date

*
Becky Copper Glenz 10/08/2021
SGOCE Dean Signature: Date

Approval of the Graduate Council Date

Approval of the President Date

Notification

Reviewed by the Registrar: _____

Reviewed by the Library: _____

SGOCE Admin. Assistant
Signature

Electronically signed by Diane Fors on 10/08/2021 10:24:34 AM