

Request to Drop Course from the Catalog

Date: _____ Effective Term: _____

Department and Course Number: _____

Title of Course: _____

Instructor and/or Departmental Contact: _____

Contact Phone #: _____ Contact e-mail: _____

Justification (reason for dropping course and impact on intra- and non-departmental programs):

**Identify any course(s) for which the dropped course is a prerequisite/corequisite.
Please attach approval memo from departmental representative/head.**

Department Head/Chair: _____

College Curriculum Committee Representative: _____

College Dean: _____