

## **Request to Drop Course from the Catalog**

Date:

Consultations			
Date	General Information		
Date:	Effective Term:		
College/Department:			
Course Designator and Number (Cross-listed Course Designator and Number):			
Title of Course:			
Instructor and/or Department Contact:			
Contact Phone:	Contact E-mail:		
Justification for dropping course and impact on intra- and non-departmental programs.			
Identify any course(s) for which the dropped course is a prerequisite/ corequisite.			
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Please attach approval memo from departmental representative/ head. *If cross-listed, please include "Ending Cross-List Memo"			
Approval Signatures			
Department Head/Chair:		Date:	
College Curriculum Committee Representative:		Date	

Office of the University Registrar • Student Services Building, Suite 250, Virginia Tech 800 Washington St., SW • Blacksburg, VA 24061 • (540) 231-6252 • acadgov@vt.edu

College Dean or Designee: