**REQUEST TO DELETE COURSE**

***Order of Action: Submit to Academic Affairs Coordinator with Chair/Director and Dean/Supervisor signatures for review. Requests will then be forwarded to the appropriate committee to begin the approval process.***

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| Department |  | Date:  |
| Course Prefix & Number |  |
| Course Title |  |
| CIP Code |  ([CIP Code Selector](http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55)) |
| Reason(s) For Request:  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair or Director Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or Supervisor Signature Date



Preferred Effective Term (If Approved)

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| For Council/Committee/VPAA Use Only: |
| Teacher Education Council | [ ]  Approve[ ]  Disapprove[ ]  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Chair Signature Date |
| General Education Committee | [ ]  Approve[ ]  Disapprove[ ]  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Chair Signature Date |
| Graduate Council | [ ]  Approve[ ]  Disapprove[ ]  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Chair Signature Date |
| Curriculum Committee | [ ]  Approve[ ]  Disapprove[ ]  Not Required | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Chair Signature Date |
| Vice President of Academic Affairs | [ ]  Approve [ ]  Disapprove | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_VPAA Signature Date |

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| For Office Use Only: |
| OU BOR: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| Catalog: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| End Term: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| Transparency: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |
| MCIF: | Date:\_\_\_\_\_\_\_\_\_\_\_ | Initials:\_\_\_\_\_\_\_ |