



Course Elimination Form

DIVISION: _____
COURSE DESIGNATOR: _____ COURSE #: _____
COURSE TITLE: _____ EFFECTIVE SEMESTER: _____
REASON FOR ELIMINATION *(please be specific, please add additional pages if needed):*

IDENTIFY ANY COURSE FOR WHICH THIS COURSE WAS A PREREQUISITE:

IDENTIFY ANY MAJOR OR MINOR FOR WHICH THIS COURSE FULFILLED A REQUIREMENT:

ENDORSEMENTS *(Please Print and eSign Name)*

DATE

Division Chair(s)

Curriculum Committee Chair(s)

Faculty Chair

Vice President of Academic Affairs