

Note: Save this form to your computer first. Then open the file using Adobe Reader or Adobe Acrobat Professional to [complete and save this form](#).

Proposal to Delete Course

THROUGH: **TO:** **HELP**
FROM: **PEC** (if indicated) Yes No

Course Information:

Title: (limit to 50 spaces/characters)

Course Prefix: Course Number:

Does this request for deleting a course fit the [General Education Curriculum](#) requirements? Yes No
If not, please explain why. Yes No
If yes, please explain why. Yes No
If not, please explain why. Yes No

Reason for Deletion: Explain how assessment results were used in the determination of this action.

Effective Date for Implementation*: Select semester Fall Spring Summer

*Note: Action must be approved prior to early registration for the semester of implementation.

[Approval Process](#)