

Appendix 3

School of Graduate Studies COURSE DELETION FOR FACULTY OF HEALTH SCIENCES GRADUATE COUNCIL APPROVAL

GRADUATE PROGRAM:

COURSE CODE/NUMBER : ** For EACH course deletion, please complete the section above AND items 1 through 3.

- 1 Course number and title: Note that this number may not be reused for five years.

- 2 Reason for deletion: Provide a detailed rationale for this deletion, eg. staffing, resources, archaism, replacement by new course(s), etc.

- 3 Impact: How will this deletion affect the Program? Will this deletion have any impact on programs offered by other Graduate Programs? If so, please indicate which Program(s) have been contacted **and include copies of relevant correspondence.**

Submission Contact: Name: _____
Internal Phone #: _____
Email: _____

Signature of Department/Program Head: _____

Signature of Graduate Coordinator: _____

EMAIL the completed form and any attachments to the FHSGC Administrative Assistant (copied to FHSGC Chair), on or before the deadline for agenda items for the next Committee meeting.

FOR OFFICE USE ONLY: Date of approval by FHSGC: _____ Date of approval at GSEC: _____
