SCHOOL OF GRADUATE STUDIES
DELETION OF GRADUATE COURSE
FOR APPROVAL BY
GRADUATE COMMITTEE FOR BUSINESS

<u>**COURSE CODE/NUMBER**</u> **:**

** For EACH course deletion, please complete the section above AND items 1 through 3.

1.   <u>Course number and title</u>: Note that this number may not be reused for five years.

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

3.   <u>Impact</u>: How will this deletion affect the department? Will this deletion have any impact on programs offered by other departments? If so, please indicate which department(s) has been contacted **and include copies of relevant correspondence.**

Submission Contact: Name: _____

                                      Internal Phone # _____

                                      E-mail: _____

EMAIL the completed forms and any attachments to the Graduate Committee for Business administrative assistant, on or before the deadline for agenda items for the next Committee meeting.

FOR SGS OFFICE USE ONLY:

Date of approval by Graduate Committee for Business: _____

Date of approval at Graduate Studies Executive Council: _____