

**SCHOOL OF GRADUATE STUDIES
GRADUATE COURSE DELETION, FOR GRADUATE STUDIES AND RESEARCH
COMMITTEE/FACULTY BOARD APPROVAL**

FACULTY OF EDUCATION/PROGRAM NAME: _____
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 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.**

Graduate Studies and Research Committee/Faculty Board Approval: Provide the date that this course was approved at the department level, if applicable:

_____ / _____

Submission Contact: Name: _____ Marlene Sayers _____

Internal Phone # _____ 74251 _____

E-mail: _____ marlene.sayers@queensu.ca _____

EMAIL the completed forms and any attachments to the Graduate Studies and Research Committee secretary, on or before the deadline for agenda items for the next Committee meeting.

FOR SGS OFFICE USE ONLY:

Date of approval by appropriate Council/Committee: _____

Date of approval at Graduate Studies Executive Council: _____