APPENDIX 5: GRADUATE COURSE DELETION
FACULTY OF ARTS AND SCIENCE/SCHOOL OF GRADUATE STUDIES
Curriculum Submission

DEPARTMENT OR PROGRAM:

COURSE CODE/NUMBER:

Submission Contact Name:

Phone #:

Email:

Date:

Signature of Department Head/Program Director: _________________________________

Signature of Coordinator of Graduate Studies: _________________________________

Submission to which lead Council?        ARTS          SCIENCE

** If multiple courses are to be deleted for the same reason(s) and impact(s), you may list multiple deletions on this form. Otherwise, submit a separate form for each course

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 inside of department or program: How will this deletion affect the Department or Program?

4. Impact outside of department or programs: Will this deletion have any impact on programs offered by other Graduate Departments or Programs and/or students in other Graduate Departments or Programs? If so, please indicate the impact and indicate which departments(s) or program(s) have been contacted and include copies of relevant correspondence.
FOR OFFICE USE ONLY:

Date of approval by FASGC: ________________________________

Review by Faculty of Arts and Science: ________________________________

Date of approval at GSEC: ________________________________