

Appendix 4

**School of Graduate Studies
COURSE DELETION FOR ENGINEERING AND APPLIED SCIENCE GRADUATE
COUNCIL APPROVAL**

GRADUATE DEPARTMENT 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, e.g. 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:

Number:

E-mail:

Date:

Signature of Department Head: _____

Signature of Graduate Coordinator: _____

EMAIL the completed form and any attachments to the Engineering and Applied Science Graduate Council administrative assistant:

FOR OFFICE USE ONLY:

Date of approval by Engineering and Applied Science Graduate Council: _____

Date of approval at GSEC: _____