

CHANGES HAVE BEEN MADE; PLEASE READ INSTRUCTIONS

www.secfac.wisc.edu/divcomm/courses/CourseProposals.htm

**COURSE DELETION PROPOSAL
For Actions During the CURRENT Academic Year**

DATE PREPARED: _____

DEPARTMENT: _____

DIVISIONAL COMMITTEE: AH BS PS SS
(Must be Indicated)

THIS COURSE PROPOSAL HAS BEEN APPROVED BY DEPARTMENT CURRICULUM COMMITTEE: YES NO

THIS COURSE PROPOSAL HAS BEEN APPROVED BY COLLEGE/SCHOOL CURRICULUM COMMITTEE[†]: YES NO
[†] to be completed by the College/School Curriculum Committee

DELETION EFFECTIVE: FALL or SPRING or SUMMER _____ - _____ ACADEMIC YEAR

1. COURSE NUMBER: _____ - _____

2. COURSE TITLE:

3. CROSSLISTED WITH (be sure to consult other departments and indicate whether or not their crosslist should be deleted also):
DEPARTMENT DELETION DESIRED (YES / NO)

4. IS THIS COURSE DELETION RELATED TO A NEW COURSE PROPOSAL?

YES If YES, please indicate on the new course proposal (item #17) and attach this deletion request to the New Course Proposal. Attach supporting letters from all crosslisting departments.

NO If NO, enter below an explanation for the proposed deletion. Attach supporting letters from all crosslisting departments.

Should this be a course change? Please read the important note in bold on the "Instructions for Completing Course Proposal Forms" p. 5.

5. DOES THIS COURSE SERVE AS A PREREQUISITE FOR COURSES IN OTHER DEPARTMENTS, OR IS IT REGULARLY ATTENDED BY STUDENTS FROM OTHER DEPARTMENTS?

YES If YES, include supporting letters from those departments.

NO

6. WAS THIS COURSE REQUIRED FOR THE MAJOR IN YOUR DEPARTMENT OR ANOTHER DEPARTMENT? YES NO

7. WITH THIS DELETION, DOES A REQUIREMENT FOR THE MAJOR CHANGE? YES NO

If YES, please specify _____

8. PLEASE ATTACH A COVER LETTER AND OTHER RELEVANT MATERIAL.