

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: