

Appendix 3

School of Graduate Studies COURSE DELETION FOR FACULTY OF HEALTH SCIENCES GRADUATE
COUNCIL APPROVAL

GRADUATE PROGRAM:

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 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: _____

Internal Phone #: _____