DELETE A COURSE PROPOSAL

Use this form to delete one or more course(s). Please note: courses will be deleted at the end of the academic year.

Before you proceed, please review the approval process in advance and leave time for each involved person or committee to review the proposal.

DATE: 1-15-07
DEPARTMENT/SCHOOL: School of Engineering and Computer Science
CONTACT PERSON: Louise Stark
PHONE: 6-3071
BLDG & ROOM NO: Anderson 204

COURSE INFORMATION

1. Course Number: BENG 181-185, CIVL 181-185, ECPE 181-185, EMGT 181-185, MECH 181-185
   Course Title: Professional Practice
   - Reason(s) for deletion: Consolidating courses to single set for Engineering
   - Prerequisite for another course? [X] No [ ] Yes
     If yes, specify course subject and number:
   - General Education Course? [X] No [ ] Yes
   - Cross-Listed Course? [X] No [ ] Yes
     If yes, specify course subject and number:

2. Course Number: Course Title:
   - Reason(s) for deletion:
   - Prerequisite for another course? [ ] No [ ] Yes
     If yes, specify course subject and number:
   - General Education Course? [ ] No [ ] Yes
   - Cross-Listed Course? [ ] No [ ] Yes
     If yes, specify course subject and number:

Please remember to make the corresponding changes to your program’s catalog copy when you receive page proofs for next year’s catalog.
Please obtain signatures in the order they appear below, as applicable.

1. □ DEPARTMENT CHAIR:

   DATE: __________

2. □ CHAIRS OF OTHER INVOLVED DEPARTMENTS (if applicable):
   (Signatures needed for new courses and deletions)

   DATE: __________

3. ☑ CHAIR, SCHOOL/COLLEGE CURRICULUM COMMITTEE:
   [Signature]
   DATE: 1/22/07

4. ☑ DEAN OF SCHOOL/COLLEGE:
   [Signature]
   DATE: 1-15-07

5. □ GENERAL EDUCATION COMMITTEE (if applicable):
   (Signature needed for new courses and deletions)

   DATE: __________

6. □ GRADUATE STUDIES COMMITTEE (if applicable):

   DATE: __________

7. ☑ REGISTRAR:
   [Signature]
   DATE: 1/25/07

□ ACADEMIC AFFAIRS COMMITTEE:

DATE: __________