



PERMANENT COURSE CHANGE/DELETION FORM

Used only when approval to permanently modify or delete a course is required through Senate

DIVISION:

Current course title and code: _____
 Current course description: _____

MOTION:

COURSE DELETION

COURSE CHANGE

**Please fill in the area(s) where changes are proposed*

Title (50 characters max): _____
 Level: _____ Credits: _____ Type: _____ Hours per week: _____
 Prerequisites: _____
 New description: _____

Proposed by: _____

Proposed date for implementation: _____

Rationale for change/ Implications for Program:

Recommended by Chairperson/Director: _____ *Signature of Division Chair /Director*
 Date of Chair's/Director's consultation with Division Faculty: _____

Consultation with Library regarding new resources necessary for supporting this course:
Yes **No** _____ *Signature of Librarian*

Recommended by Registrar: _____ *Signature of Registrar*

Recommended by Office of Academic Affairs: _____ *Signature of VP Academic and Research*

Senate's Action:	Motion number:
Date:	Recorded by: