Course Number -

For Administrative Use Only **PS Course ID #**	# Request to Drop a Course ***(All Sections Below Must be Completed)***

College:	**Department:**	Date:
Department Prefix & Course Number:	**Course Title** *(Not to exceed 75 Characters)*:	
Abbreviated Course Title *(not to exceed 25 characters)*:		
Semester/Term Change Effective:	**Faculty responsible for the course:**	

Cross Listed Course: ◯ Yes ◯ No If yes, list other cross listed course numbers: _____
If yes, list original controlling department: _____

Multi-Level Course: ◯ Yes ◯ No If yes, list other multi-level course numbers: _____
If yes, list original controlling department: _____

What is the rationale for dropping this course?

Will deletion of this course reduce the total hours in the curriculum? ◯ **Yes** ◯ **No**
If yes, OSRHE Program Modification forms must be submitted along with this form

Preferred **- How to Electronically Submit the "Drop a Course" Form to APC –** ***Preferred***

1. Download form and sign using your Abode digital signature.
3. Email to the next college official.
4. The last college official (dean or dean's designee) should select SUBMIT to APC which will create an email to the APC secretary
5. SEND

APPROVALS		Type Name Below	Digital Signature	Date
	Dept. Chairperson			Date:
	Professional College Curriculum Review Committee			Date:
	Professional College Dean **(or Dean's Designee)**			Date:
	Graduate College Curriculum Review			Date:
	Graduate College Dean **(or Dean's Designee)**			Date:
	Academic Program Council			Date:
	Provost **(or Provost's Designee)**			Date:

Submit to APC

FOR ASSISTANCE COMPLETING THIS FORM OR SUBMISSION, PLEASE CONTACT THE OFFICE OF ADMISSIONS AND RECORDS

Telephone: (405) 271-2359 extension 48901