## 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 & Co	urse Numbe	er:	Course Title (Not to exceed 75 Character	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	Yes No If yes, list other multi-level course numbers:  If yes, list original controlling department:					
What is the rationale for drop	pping this cours	se?					
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.
- 2. Email to the next college official.
- 3. The last college official (dean or dean's designee) should select SUBMIT to APC which will create an email to the APC secretary
- 4. SEND

		Type Name Below	Digital Signature	Date
Dept. Chairperson				Date:
S	Professional College Curriculum Review Committee			Date:
APPROVAI	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 ACADEMIC AFFAIRS AND FACULTY DEVELOPMENT