Course Number -						
For	Administrative Use Only <u>PS Course ID #</u>	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			o 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:			
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						
 Download form and sign using your Abode digital signature. Email to the next college official. The last college official (dean or dean's designee) should select SUBMIT to APC which will create an email to the APC secretary SEND 						
			ſ	Type Name Below	Digital Signature	Date
	Dept. Chairperson					Date:
APPROVALS	Professional College Curriculum Review Committee				Date:	
	Professional College D (or Dean's Designee)	ean				Date:
	Graduate College Cur Review	riculum				Date:
	Graduate College Deat (or Dean's Designee)	n				Date:
	Academic Program Co	ouncil				Date:
	Provost (or Provost's Designee)					Date:

Submit to APC

FOR ASSISTANCE COMPLETING THIS FORM OR SUBMISSION, PLEASE CONTACT THE OFFICE OF THE VICE PROVOST FOR ACADEMIC AFFAIRS & FACULTY DEVELOPMENT Telephone: (405) 271-5557