

Temple University Course Termination Form

Date of Proposal:			
Individual Responsible for Pr	oposal:		
Name	E-mail	1	Campus Telephone
Name of Dean or Dean's Desi	gnee:		
Final Term: (Year/Term format: YYYYTT. For	r example, 201036 = Fall 2010.)	
Subject Code:(Select subject from list – STVSUBJ)	Course Number:	coer: College/School: (Select college from list – STVCOLL)	
,		(Select College Horn list – STV	GOLL)
Additional Information			
		ments within and/or outside of your sch s course termination impacts requireme	
Deposite Form" to update the affected control of the second contro	ean or Dean's Designee:	s and/or co-requisites for each affected course. Use and/or co-requisites for each affected course.	oy-laws, governance
Dean (or Dean's Desig	nee)	Date	
For Office of the Provost Use	Only:		
General Education Director	Date	Sr. Vice Provost for Undergraduate Studie	es Date
Honors Director		Graduate School	 Date
Writing Center Director	 Date	Office of the Deputy Provost	 Date