Reset Form

Temple University Course Termination Form

Date of Proposal: _____

Individual Responsible for Proposal:

_____ _____ _____
Name *E-mail* *Phone*

Dean or Dean's Designee: _____

Final Term: _____ (YYYYTT; e.g., 201036 = Fall 2010)

Subject Code: _____ **Course Number**: _____ **College/School**: _____
(Select subject from list - STVSUBJ) (Select college from list – STVCOLL)

Course Title: _____

Additional Information

1. Will this course termination affect any program requirements within and outside of your school/college? No (Yes/No)
If yes, specify each affected program and explain how this course termination impacts requirements for each program:

2. Is this course a prerequisite or co-requisite for other courses? No (Yes/No)
If yes, explain how this termination will impact those course requirements:

Note: You must submit separate requests to change the prerequisites and/or co-requisites for each affected course. Use the "Course Inventory Update Form" to update the affected course(s).

Required Signature from Dean or Dean's Designee:

This proposal has gone through the necessary approval processes as outlined by the by-laws, governance structure, or practices of the school/college, and I approve the proposal on behalf of the school/college.

_____ _____
Dean (or Dean's designee) Signature *Date*

For Office of the Provost Use Only:

_____ _____ General Education Director Date	_____ _____ Sr. Vice Provost for Undergraduate Studies Date
_____ _____ Honors Director Date	_____ _____ Graduate School Date
_____ _____ Writing Center Director Date	_____ _____ Office of the Deputy Provost Date