


APPLICATION TO DROP A COURSE

1. Submitted by College of: Health Sciences Date: April 30, 2003
Department/Division offering course: Clinical Sciences/Clinical Laboratory Sciences
2. Prefix and Number: CLS 873 Title: Clinical Microbiology Survey Credits: 2
3. Effective Date (semester & year): Fall, 2003
4. Why is the course to be dropped?
This course change is part of an overall program change to eliminate overlap of course content and use faculty resources of the division more effectively.
5. Will dropping this course change the degree requirements in one or more programs?* Yes
X-No
6. Has the course been taken by a significant number of students in other departments/colleges?
Yes X-No
- e. If yes, list the college(s) or department(s) from which student enrollment in this course has come, if known.
- f. What provision has been made for meeting the needs of these students?
7. Is this course in current use in any of the Community Colleges? Yes X-No
If so, please submit evidence (e.g., correspondence) that the Community College System has been consulted.
8. Is this course currently included in the University Studies Program? Yes X-No
9. Within the Department, who should be contacted for further information about this proposal?
Name: Jean Brickell Phone Extension: 7-9222 ext 263

*NOTE: Approval to drop the course will constitute approval of the program change unless additional modifications are proposed.

Signatures of Approval:

Department Chair  Date 5/27/2003

Dean of the College  Date 5-27-2003

Date of Notice to the Faculty

*Undergraduate Council Date

*University Studies Date

*Graduate Council Date

Academic Council for the Medical Center Date 7/8/03

Senate Council  Date of Notice to University Senate

*If applicable, as provided by the Rules of the University Senate

ACTION OTHER THAN APPROVAL
Rev 11/98