

**REQUEST TO DROP A COURSE
SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE**

1. DEPARTMENT/UNIT PROPOSING COURSE: _____

2. COURSE: (Course Designator) _____ (Number) _____ (Credit Hours) _____
(Full Course Title) _____

3. PLEASE LIST ALL COURSES FOR WHICH THIS COURSE IS PREREQUISITE, AND WHOSE PREREQUISITES REQUIRE MODIFICATION BECAUSE OF THIS ACTION. (Use additional sheet of necessary)

4. RATIONALE, INCLUDING EFFECTS ON THE PROGRAM OF WHICH THIS COURSE IS A PART.

5. DESIRED EFFECTIVE DATE: _____ Semester 20 _____

6. WITH WHAT ACADEMIC UNITS HAS THIS ACTION BEEN COORDINATED? (Attach written evidence.)

7. APPROVALS:		Date
Department Chairperson	_____	_____
School Curriculum Committee	_____	_____
Dean of School	_____	_____
General Education Committee	_____	_____
Curriculum Council	_____	_____
Dean of Graduate School	_____	_____
Provost	_____	_____

The original of this form will be retained in the office of the Provost. Copies of forms for 400, 500, and 600 level courses will be retained in the Graduate School. No other routine copies will be made. The data will be stored in the Student Information System for ready reference.