**ACADEMIC POLICY AND PLANNING COMMITTEE REQUEST TO DROP A COURSE**

TO: Academic Policy & Planning Committee DATE:

FROM: (Department) (Person originating request)

1. Course Title:

Prefix and Number:

Units

2. Last year and semester that the course was successfully offered, if known, or indicate if more than three years has

 elapsed since the course was successfully offered:

3. Reason for dropping course: Insufficient Enrollment: Yes No Other:

4. Is this course part of a program in any discipline, or requisite to another course?

If yes, have the appropriate discipline faculty aware the course is being dropped?

5. Is there an alternative course for the student? Yes No

6. Is the department unanimous in this decision? Yes No

7. If not unanimous, please attach Minority Report.

Initiator Date Academic Dean Date

AP&P Representative Date AP&P Chairperson Date

Department Chair Date Vice President, Academic Affairs Date