INSTRUCTIONS:
A. This form must be completed for deletions of all undergraduate courses.
B. The form requires sign-off by the institutional curriculum committee chair.
C. Course deletions do not require review by other NSHE institutions.

SUBMITTING (ORIGINATING) INSTITUTION CONTACT INFORMATION
(for institution requesting course deletion)

Institution: ________________________________ Date: __________________
Curriculum Committee Chair: (Signature indicates approval)
Signature of Curriculum Committee Chair Date: __________________
Contact Person: ____________________________ Phone #: __________________
(Name of individual submitting this form) E-mail address: ____________________
Signature (type name if e-mailing)

In the boxes below, enter the course information for the course to be deleted. If more than one course is to be deleted with the same prefix, please attach to this form a list of the courses and include the prefix, course #, course title and number of credits for each course.

Prefix  Course #  Course Title  Credits

(STOP this form is complete and ready to submit – review by other institutions is not required)

If you have any questions regarding common course numbering procedures or the completion of this form, contact Janet Stake (janet_stake@nshe.nevada.edu) at System Administration (Phone: 775-784-3445; Fax: 775-784-1127).

Completed forms may be mailed, emailed, or faxed to Janet Stake at:
Academic and Student Affairs
2601 Enterprise Road
Reno, Nevada 89512

System Use Only:
Date Received: ________________________________
All Criteria Met?  Yes [ ]  No [ ]  Date Referred to System-wide Discipline Committee: _______________
Date Campus Contacts Notified: ________________________________
Date Master File Updated: ________________________________
Reviewed by Vice Chancellor for Academic Affairs or Assistant Vice Chancellor for Academic Affairs:
Signature ________________________________ Date __________________
Notes: __________________________________________________________
______________________________________________________________