Undergraduate Course Delete

Montana State University

Dept.	College	Rubric	Course Number	Core Area(s)
_____	_____	_____	_____	_____

_____

Course Title

Rationale: *Please explain briefly (either by editing this document or by attaching a separate typed response) the reason that this course is being deleted.*

Person Initiating This Request:

Phone:
e-mail:

Approval

You only need to obtain the 2 which are indicated with an asterisk(*)

* _____
Department Head Date

_____
Chair, Undergraduate Studies Committee Date

* _____
College Dean or Assistant Dean Date

_____
Academic Vice Provost Date