Graduate Course Delete

Montana State University

Department	College	Rubric	Course Number

Course Title

Effective Date: _____

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

Approvals:

Department Head	Date	Academic Dean	Date

Graduate Vice Provost Date

Person Initiating This Request: _____ Phone: _____

e-mail: _____