PROPOSAL FOR GRADUATE COURSE DELETION
(COVER SHEET)

I. DEPARTMENT _________________________________

II. COURSE PROPOSED BY ______________________ DATE _______

III. DEPARTMENT HEAD APPROVAL ______________ DATE _______

IV. COLLEGE DEAN APPROVAL _________________ DATE _______

V. GRADUATE COUNCIL APPROVAL ______________ DATE _______

VI. GRADUATE DEAN APPROVAL _________________ DATE _______

VII. VPASA APPROVAL _________________________ DATE _______

Attach a sheet with the following information in support of this proposed course deletion:

1. Graduate course prefix, number and title and description of proposed course to be deleted

2. Justification for proposed graduate course deletion

College of Graduate Studies
319 Bibb Graves Hall
Jacksonville State University
Phone 782.5328
FAX 782.5321
www.jsu.edu/depart/graduate

Rev. 10/31/08