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**Course Elimination Form**

DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLLEGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE DESIGNATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROPOSED COURSE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EFFECTIVE SEMESTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR ELIMINATION** *(please be specific, please add additional pages if needed)***:**

**IDENTIFY ANY COURSE FOR WHICH THIS COURSE WAS A PREREQUISITE:**

**IDENTIFY ANY MAJOR OR MINOR FOR WHICH THIS COURSE FULFILLED A REQUIREMENT:**

**ENDORSEMENTS** *(Please Print and Sign Name)* **DATE**

**Leader, Initiating Department/Unit(s)**

**College(s) Curriculum Committee Chair(s)**

**Dean(s)**

**Associate Provost for Student Success and Strategic Initiatives**

**Brian Olsen**