

PITTSBURG STATE UNIVERSITY  
Office of Continuing and Graduate Studies  
*Request for Deletion of Course*

Department \_\_\_\_\_ College \_\_\_\_\_ Date Submitted \_\_\_\_\_

Course Title \_\_\_\_\_ Course No. \_\_\_\_\_ Effective Date \_\_\_\_\_

Why is this course being dropped?

\_\_\_\_\_ Approved: Departmental Curriculum Committee

Date \_\_\_\_\_ Signature, Departmental Chairperson \_\_\_\_\_

\_\_\_\_\_ Approved, College Curriculum Committee (If applicable)

Date \_\_\_\_\_ Signature, Chairperson \_\_\_\_\_

Signature of Dean of College \_\_\_\_\_ Date \_\_\_\_\_