

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

Department/School of \_\_\_\_\_ College \_\_\_\_\_ Date Submitted \_\_\_\_\_

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

Why is this course being deleted?

\*If course has been part of a degree program, please also complete the Request for Degree Changes form.

Date \_\_\_\_\_ Signature, Departmental Curriculum Committee Chairperson \_\_\_\_\_

Date \_\_\_\_\_ Signature, College Curriculum Committee Chairperson (if applicable) \_\_\_\_\_

Date \_\_\_\_\_ Signature, Council for Teacher Education Chairperson (if applicable) \_\_\_\_\_

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

Date \_\_\_\_\_ Signature, Graduate Council Chairperson \_\_\_\_\_

Approved for effective date: \_\_\_\_\_

Once approved, this information will be submitted to the Registrar's office for catalog changes.