

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

Department/School of _____ College _____ Date Submitted _____

Program Title _____ Emphasis _____ Effective Date _____

Why is this program being deleted?

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.