

Streamlined Course Drop Form

| College: Department: | | Effective Date: | | | |
|-------------------------------------|--|-----------------|---|--|---------|
| Please | note that "dropped" courses will be ina | ctivated in We | ebSTAR and Catalog, but never permanently | deleted. | |
| | Course number and title One course per box, up to eight courses. | | ecify any curricula and/or courses that are affected by this request. ourses/curricula affected in the appropriate box. | Signature The affected department must sign on the appropriate line next to their course/curriculum. | CII |
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| _ | | | ment chair and courses and curricula commi voting members of the department or commit | • | that th |
| Department Chair | | Date | Campus Courses and Curricula Chair | Date | |
| College Courses and Curricula Chair | | —— Date | Graduate Dean (Courses numbered 4000/G-7999) | Date | |
| | | | | | |

Submit one signed copy to the Office of Academic Affairs and one electronic copy to uccc@uno.edu.

Provost

Date

Date

College Dean