

SCHOOL OF GRADUATE STUDIES  
GRADUATE COURSE DELETION , FOR GRADUATE STUDIES AND RESEARCH  
COMMITTEE/FACULTY BOARD APPROVAL

FACULTY OF EDUCATION/PROGRAM NAME: \_\_\_\_\_  
COURSE CODE/NUMBER:

\*\* For EACH course deletion, please complete the section above AND items 1 through 3.

1. Course number and title Note that this number may not be reused for five years.
2. Reason for deletion Provide a detailed rationale for this deletion, eg. staffing, resources, archaism, replacement by new course(s), etc.
3. Impact How will this deletion affect the department? Will this deletion have any impact on programs offered by other departments? If so, please indicate which department(s) has been contacted and include copies of relevant correspondence.

\_\_\_\_\_  
Graduate Studies and Research Committee/Faculty Board Approval: Provide the date that this course was approved at the department level, if applicable:

\_\_\_\_\_ / \_\_\_\_\_

Submission Contact: Name: \_\_\_\_\_ Marlene Sayers \_\_\_\_\_

Internal Phone # \_\_\_\_\_ 74251 \_\_\_\_\_

E-mail: \_\_\_\_\_ marlene.sayers@queensu.ca \_\_\_\_\_

EMAIL the completed forms and any attachments to Graduate Studies and Research Committee secretary, on or before the deadline for agenda items for the next Committee meeting.

FOR SGS OFFICE USE ONLY:

Date of approval by appropriate Council/Committee: \_\_\_\_\_

Date of approval at Graduate Studies Executive Council: \_\_\_\_\_