

**Proposal to Drop an Existing Course**

Last revised: September 24, 2003

1. Date:

2. Department:

3. Effective Date (semester, year):

(Consult Registrar’s change catalog site to determine earliest possible effective date. If a later date is desired, indicate here.)

# Current Catalog Copy

# Justification

1. [Reasons for dropping this course](http://ccc.clas.uconn.edu/form-instructions/#_justification):

2. Other departments consulted:

3. [Effects on other departments](http://ccc.clas.uconn.edu/form-instructions/#effects):

4. Effects on regional campuses:

5. [Dates approved](http://ccc.clas.uconn.edu/form-instructions/#dates) by

    Department Curriculum Committee:

    Department Faculty:

6. Name, Phone Number, and e-mail address of principal contact person: