APPLICATION TO DROP A COURSE

1. Submitted by College of Engineering  
   Date 7/24/01  
   Department/Division offering course Mechanical Engineering

2. Prefix and Number EM 531  
   Title Advanced Strength of Materials  
   Credits 3.0

3. Effective Date Fall 2001

4. Why is the course to be dropped?  
   Graduate Program in Engineering Mechanics has been dissolved, all students enrolled
   in the Engineering Mechanics program at the time of the merger of the Engineering
   Mechanics into the Mechanical Engineering program have completed their degree requirem

5. Will dropping this course change the degree requirements in one or more programs?*  
   If yes, explain the change(s) below
   
   a. If yes, list the college(s) or department(s) from which student enrollment in this course has come, if known.
      College of Engineering
   b. What provision has been made for meeting the needs of these students?
      Courses have been cross-listed with Mechanical Engineering courses and will
      continue to be offered under the ME prefix.

6. Has the course been taken by a significant number of students in other departments/colleges?  
   Yes ☑ No ☐
   a. If yes, list the college(s) or department(s) from which student enrollment in this course has come, if known.
   College of Engineering
   b. What provision has been made for meeting the needs of these students?
   Courses have been cross-listed with Mechanical Engineering courses and will
   continue to be offered under the ME prefix.

7. Is this course in current use in any of the Community Colleges?  
   If so, please submit evidence (e.g., correspondence) that the Community College System has been consulted.
   Yes ☐ No ☑

8. Is this course currently included in the University Studies Program?  
   Yes ☐ No ☑

9. Within the Department, who should be contacted for further information about this proposal?  
   Dr. Keith Rouch, Chair of Mechanical Engineering  
   Name  
   Phone Extension 7-6476

*NOTE: Approval to drop the course will constitute approval of the program change unless additional modifications are proposed.
Signatures of Approval:

***Has the change been reviewed and voted on by the Department faculty? Date of faculty meeting 2/8/01
Result of vote #for 20 #against 0 #abstain 0

*Undergraduate Council
Date

*University Studies
Date

*Graduate Council
Date

Academic Council for the Medical Center
Date

Senate Council
Date

*If applicable, as provided by the Rules of the University Senate

ACTION OTHER THAN APPROVAL