APPLICATION TO DROP A COURSE

1. Submitted by College of Agriculture ________________ Date __________________________

Department/Division offering course Plant & Soil Science Program ____________________________________________________________________________________________

2. Prefix and Number PLS 770 Title Horticulture Seminar Credits 1 ____________________________________________________________________________________________

3. Effective Date Spring 2002 (semester & year) ____________________________________________________________________________________________

4. Why is the course to be dropped?

Three seminar courses are offered under the PLS prefix: PLS 772 Seminar in Plant & Soil Science, PLS 770 Horticulture Seminar and PLS 773 Seminar in Plant Physiology. PLS 770 & PLS 773 will be dropped. PLS 772 will be changed.

5. Will dropping this course change the degree requirements in one or more programs?* Yes X No
If yes, explain the change(s) below ____________________________________________________________________________________________

6. Has the course been taken by a significant number of students in other departments/colleges? Yes X No
a. If yes, list the college(s) or department(s) from which student enrollment in this course has come, if known.

b. What provision has been made for meeting the needs of these students? ____________________________________________________________________________________________

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

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

9. Within the Department, who should be contacted for further information about this proposal?

J. Buxton and T. Pfeiffer __________________________ 7-3781 & 7-4678
Name Phone Extension

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

<table>
<thead>
<tr>
<th>Department Chair</th>
<th>Date</th>
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<tbody>
<tr>
<td>K. T. Cann.</td>
<td>5/22/02</td>
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<tr>
<td>Dean of the College</td>
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</tbody>
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*Undergraduate Council

*University Studies

*Graduate Council

Academic Council for the Medical Center

Senate Council

Date of Notice to the Faculty

Date of Notice to University Senate

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

ACTION OTHER THAN APPROVAL