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 790_ Title _Research in Horticulture_ Credits _1-4_

3. Effective Date _Spring 2002_ (semester & year)

4. Why is the course to be dropped?

_Two courses in Research are offered under the PLS prefix - PLS 790 Research in Horticulture and PLS 799 Research in Plant and Soil Science. PLS 790 will be dropped._

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:

[Signature]
Department Chair

[Signature]
Dean of the College

Date

*Undergraduate Council

Date

*University Studies

Date

*Graduate Council

Date

Academic Council for the Medical Center

Date

Senate Council

Date of Notice to University Senate

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

ACTION OTHER THAN APPROVAL