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| Letterhead-dark.png | **Form A8**  **Course Suspension / Deletion** |

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| --- | --- | --- | --- |
| **School:** | **Contact Person:** | | |
| **School Chair:** | **Date:** | | |
|  | | | |
| **COURSE suspension** | | | |
| **Course Code:** | **Course Number:** | | |
| **Course Title:** | **Effective Semester:** Fall  Winter  Spring | | |
| ***Reason for cancellation of course:*** | | | |
| **Course Code:** | **Course Number:** | | |
| **Course Title:** | **Effective Semester:** Fall  Winter  Spring | | |
| ***Reason for cancellation of course:*** | | | |
| **COURSE deletion** | | | |
| **Course Code:** | **Course Number:** | | |
| **Course Title:** | **Effective Semester:** Fall  Winter  Spring | | |
| ***Reason for deletion of course:*** | | | |
| **Course Code:** | **Course Number:** | | |
| **Course Title:** | **Effective Semester:** Fall  Winter  Spring | | |
| ***Reason for deletion of course***: | | | |
| **approvals** | | | |
|  | |  |  |
| ***School Chair*** | |  | ***Date*** |
|  | |  |  |
| ***Dean of Instruction*** | |  | ***Date*** |
|  | |  |  |
| ***Registrar*** | |  | ***Date*** |
|  | |  |  |
| ***EdCo Chair*** | |  | ***Date*** |
|  | |  |  |
| ***VP ASD*** | |  | ***Date*** |
|  | |  |  |
| **Approval COPIED AND FORWARDED TO:** | | | | |
| Counselling Department  Registrar’s Office | | | | |