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

|  |  |
| --- | --- |
| **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 [ ]  |