

Briefing Note – Deletion of a Course

| Date: | | | |
|----------------------------|----------------|--|--|
| Submitted by: | | | |
| Course Code: | Course Number: | | |
| Course Title: | | | |
| Rationale for deleting thi | s course: | | |
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| Transition Plan – for curr | ent students. | | |
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| Who have you consulted with about deleting this course? | | | |
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| What is the desired deletion date? | | | |
| Approval signatures: | | | |
| School Chair | | | |
| | | | |
| School Dean | | | |
| Vice President, Education and Students | | | |
| Education Council Chair | | | |