



# ESF Course Deactivation

Committee on Curriculum - ESF Faculty Governance  
Office of Instruction & Graduate Studies

**This course deactivation request form should be completed when a course will no longer be offered. The request will be reviewed by the Committee on Curriculum and, if approved, the course will be deactivated in the Course Database and removed from the College Catalog.**

**Date: March 13, 2023**

## 1. Course Information:

1.1 Course Prefix and Number: LSA 497  
Course Title: Contemporary Issues in Landscape Architecture

1.2 Reason for deactivation:

(Please check all that apply)

Replaced by new course/course number/prefix

Lack of enrollment

Curriculum change

Faculty retired/left ESF

Other:

## 2. Course Deactivation Date: Fall 2024

## 3. Affected Academic Department(s) or Program(s) – other than the sponsoring department:

\_\_\_\_\_  
Department/Program 1

\_\_\_\_\_  
Name of Chair/Program Director

\_\_\_\_\_  
Chair Signature

\_\_\_\_\_  
Date  Or letter attached

\_\_\_\_\_  
Department/Program 2

\_\_\_\_\_  
Name of Chair/Program Director

\_\_\_\_\_  
Chair Signature

\_\_\_\_\_  
Date  Or letter attached

\_\_\_\_\_  
Department/Program 3

\_\_\_\_\_  
Name of Chair/Program Director

\_\_\_\_\_  
Chair Signature

\_\_\_\_\_  
Date  Or letter attached

*[if more than three Departments/Programs, please continue on a separate page]*

**Other Units:**

\_\_\_\_\_  
Associate Provost for Instruction & Dean of the Graduate School  
(for General Education courses only)

Date \_\_\_\_\_ Or letter attached

\_\_\_\_\_  
Registrar

Date \_\_\_\_\_ Or letter attached

**4. Proposer Information and Sponsoring Department Chair Affirmation:**

Contact Person:

Name: \_\_\_Margaret Bryant\_\_\_\_\_

Department: Landscape Architecture\_\_\_\_\_

Email: \_\_\_mbryant@esf.edu\_\_\_\_\_

Phone: \_\_\_4929\_\_\_\_\_

This proposal for course deactivation has been reviewed and approved by the sponsoring Department. Affected departments have been notified and given the opportunity to provide feedback.

Name: Margaret Bryant \_\_\_\_\_ Date: 3-13-2023 \_\_\_\_\_  
Department Chair (or designated curriculum representative)

Signature: Margaret Bryant \_\_\_\_\_ Or letter attached   
Department Chair (or designated curriculum representative)

**5. Approvals:**

\_\_\_\_\_  
**Curriculum Committee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Faculty Governance**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provost**

\_\_\_\_\_  
**Date**