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

__________ Or letter attached ☐
Date

Department/Program 2
__________________________________________________________
Name of Chair/Program Director
__________________________________________________________
Chair Signature

__________ Or letter attached ☐
Date

Department/Program 3
__________________________________________________________
Name of Chair/Program Director
__________________________________________________________
Chair Signature

__________ Or letter attached ☐
Date

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

_____________________________________________________ ____________ Or letter attached □
Associate Provost for Instruction & Dean of the Graduate School
(for General Education courses only)
Date

_____________________________________________________ ____________ Or letter attached □
Registrar
Date

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: ____________________________ Or letter attached □
Department Chair (or designated curriculum representative)

5. Approvals:

__________________________________________________ _________________
Curriculum Committee       Date

__________________________________________________ __________________
Faculty Governance       Date

__________________________________________________  __________________
Provost         Date