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: April 4, 2019

1. Course Information:

1.1 Course Prefix and Number: MCR 682
   Course Title: Transmission Electron Microscopy for Nanoparticle Research

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: This course has not been offered for three years. Topics in specimen preparation and TEM analysis of nanoparticles have been incorporated into MCR 683 Transmission Electron Microscopy.

2. Course Deactivation Date: April 4, 2019

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

____________________________________________________
Department/Program 1
Name of Chair/Program Director
☐ Or letter attached
Date
Chair Signature

____________________________________________________
Department/Program 2
Name of Chair/Program Director
☐ Or letter attached
Date
Chair Signature

____________________________________________________
Department/Program 3
Name of Chair/Program Director
☐ Or letter attached
Date
Chair Signature

Rev 05/09/16
[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)

_____________________________________________________       ___ _________ Or letter attached □

Registrar

Date

4. Proposer Information and Sponsoring Department Chair Affirmation:

Contact Person:

Name: Susan Anagnost_______________________________ Department: PBE_______________________

Email: seanagno _______________________________ Phone: 470-6837___________________________

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: Bandaru Ramarao______________________________________________________   Date:

   Department Chair (or designated curriculum representative)

Signature: _________________________________________________________   Or letter attached □

   Department Chair (or designated curriculum representative)

5. Approvals:

__________________________________________________ ____________ ______
Curriculum Committee        Date

__________________________________________________ ____________ ______
Faculty Governance        Date