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 685
Course Title: Transmission Electron Microscopy

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 was a 5 credit course for graduate students. The existing 3-credit course MCR683 was developed several years ago as an option for graduate students instead of the 5 credit course. The 5 credit course is no longer needed. Reasons are that the 5 hour course was designed when there was considerable time spent in the darkroom when film and paper photomicrographs were all that was available, few students were enrolling in the 5 credit course, but are instead enrolling in the 3 credit course, and the minor has increased UG enrollment so that it is difficult to find the resources to offer a 5-credit hour graduate level course.

2. Course Deactivation Date: April 30 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
4. Proposer Information and Sponsoring Department Chair

Affirmation:

Contact Person:
Name: Susan Anagnost_____________________________ Department: PBE_______________________
Email: seanagno@esf.edu _______________________________ 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

__________________________________________________ ____________ ______