

University Studies Cluster Course Removal Form

Please submit a separate form for each course to be removed from a cluster.

Course Title and Number: Cluster:

1. 1. Explain reasons for removal. (No more than 100 words)
2. 2. Impact on cluster.

A. Yes No Do sufficient courses remain for cluster viability?

B. Yes No Do remaining courses represent sufficient interdisciplinary breadth?

**OBTAIN CHAIR AND CLUSTER COORDINATOR
SIGNATURES BEFORE SUBMITTING TO
UNIVERSITY STUDIES OFFICE**

DEPARTMENT CHAIR(S): _____

DATE: _____ . DATE: _____ .

CLUSTER COORDINATOR: DATE: .

All changes to Clusters must be approved by PSU's Senate Curriculum Committee.

**ORIGINAL + 12 COPIES OF THE PROPOSAL
MUST BE RECEIVED AT UNIVERSITY STUDIES
(CH 117) BY NOVEMBER 9, 2007**

COURSE APPROVED FOR CLUSTER REMOVAL BY

CHAIR, CLUSTER

COORDINATOR _____

DATE: _____ . DATE: _____ .