Withdrawal of courses, or minors  
(All proposals must be Arial font, 12 point)

LEHMAN COLLEGE  
OF THE  
CITY UNIVERSITY OF NEW YORK  

DEPARTMENT OF_________  

CURRICULUM CHANGE

1. **Type of Change**: (Please indicate type of withdrawal that is being requested - Withdrawal of courses or minors)

2. **Description**: 

3. **Rationale (Explain why this course/program is no longer needed in the Department)**: 

4. **Date of departmental approval**: 

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