

*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:**