**VIULearn Hub or Manual Course Removal Request Form**

**Instructions:** Insert all the contact information and print a copy. Obtain the signature of the contact person for the hub or manual course(s) that are needed to be deleted.

**Contact Person**
**Full Name:** <insert name here>
**Position:** <insert position title here>
**Faculty:** <insert Faculty name here>
**Program:** <insert program name here>
**Phone Number:** <insert phone number here>

**Courses to be Permanently Deleted (full name/code)**

1. <insert course name and code here>
2. <insert course name and code here>
3. <insert course name and code here>
4. <insert course name and code here>
5. <insert course name and code here>

 **Statement of Understanding**

1. I understand that course deletion is irrevocable and that no back up exists in the system.
2. I have personally backed-up any course components that I wish to keep.
3. I am not deleting any student data that is less than two years old.
4. I have talked to a Learning Technology Support Specialist (LTSS) to make sure that I have backed-up my courses or course components correctly prior to requesting this deletion.

 **Signature**

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**Contact Person Name** (print) **Contact Person Signature**