

Course Cancellation Request Form

For Departmental Use

Step 1: 'LVWULEXWH WKH FRPSOHWHG IRUP YLD
 HPDLO IRU WKH QHFHVVDU\ \$GREH 6LJQDWXUHV
 LQDUGW <RXDWDWDFKOWKIS IRUP WR
 D 1HØDLO E\ FOLFNLQJ WKLV HPDLO EXWWRQ

PART A: Course Information and Justification

College	Department 'LVFLSOLQH
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Dept. Contact Person	Contact Email Address	Contact Phone Ext.
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Semester	Credit +RXUV	CRN	Course 'LVFLS	Course OLQH	Course Name/Description	6HDWV \$YDLOD	Meeting DOH	Meeting 7LPH	Meeting %XLOG	Meeting LQJRP	Instructor V	Reason(s) and Justification s	67\$786
						RI							
						RI							
						RI							
						RI							
						RI							
						RI							

PART B: Approvals

Comments _____

 Department Chair

 College Dean

Step 2: \$IWURURPZHQQ
 VLJQHG HDXOHHDV
 VXEPLDGH\$IIDLUV
 XVLQJ WKLV EXWWRQ

Administrative Use Only

Comments _____

 AVP for Academic Affairs

 Registrar

Step 3: 7KH IRZLID
 VLJQHGX EPLWRHVKH
 5HJLVWUDU V 2IILFH E\ \$FDGHPLF
 \$IIDLUV