

# Course Cancellation Request Form

For Departmental Use

Step 1: 'LVWULEXWH WKH FRPSOHWHG IRUP YLD  
 HPDLO IRU WKH QHFHVVDU\ \$GREH 6LJQDWXUHV  
 LQDUGW <RXDPDWDFKOWKIS 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 'LVFLSOLQH	Course No. QH	Course Name/Description	6 HDWV \$YDLOD	Meeting DQH	Meeting 7LPH	Meeting %XLOG	Meeting LQJRP	Instructor V	Reason(s) and Justification s	67\$786
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## PART B: Approvals

Comments \_\_\_\_\_

\_\_\_\_\_  
 Department Chair

\_\_\_\_\_  
 College Dean

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

## Administrative Use Only

Comments \_\_\_\_\_

\_\_\_\_\_  
 AVP for Academic Affairs

\_\_\_\_\_  
 Registrar

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