



# Course Cancellation Request Form

For Departmental Use

**Step 1:** Distribute the completed form via email for the necessary Adobe Signatures in Part B. You may attach the filled form to a New Mail by clicking this email button.

## PART A: Course Information and Justification

|         |                       |
|---------|-----------------------|
| College | Department/Discipline |
|---------|-----------------------|

|                      |                       |                    |
|----------------------|-----------------------|--------------------|
| Dept. Contact Person | Contact Email Address | Contact Phone Ext. |
|----------------------|-----------------------|--------------------|

| Semester | Credit Hours | CRN | Course Discipline | Course No. | Course Name/Description | Seats Available | Meeting Day(s) | Meeting Time | Meeting Building | Meeting Room | Instructor(s) | Reason(s) and Justification(s) | STATUS |
|----------|--------------|-----|-------------------|------------|-------------------------|-----------------|----------------|--------------|------------------|--------------|---------------|--------------------------------|--------|
|          |              |     |                   |            |                         | of              |                |              |                  |              |               |                                |        |
|          |              |     |                   |            |                         | of              |                |              |                  |              |               |                                |        |
|          |              |     |                   |            |                         | of              |                |              |                  |              |               |                                |        |
|          |              |     |                   |            |                         | of              |                |              |                  |              |               |                                |        |
|          |              |     |                   |            |                         | of              |                |              |                  |              |               |                                |        |
|          |              |     |                   |            |                         | of              |                |              |                  |              |               |                                |        |

## PART B: Approvals

Comments \_\_\_\_\_

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

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

**Step 2:** After the form has been signed by the Dean, please submit to Academic Affairs using this button.

## Administrative Use Only

Comments \_\_\_\_\_

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

\_\_\_\_\_  
Registrar

**Step 3:** The form will be signed and submitted to the Registrar's Office by Academic Affairs.