

Semester: \_\_\_\_\_

Request for Course Cancellation: \_\_\_\_\_

Call Number	Course Number	Course Title	Cr. Hr.	Time	Place	Number of Students	Date Processed

\*\*\*Please notify all students to drop cancelled course\*\*\*

**JUSTIFICATION FOR CANCELLATIONS:**

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**APPROVAL**

\_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Graduate School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President for Academic Affairs

\_\_\_\_\_  
Date