



Course Cancellation Request Form

Date of Request: _____ Effective Term: _____ School/College: _____

Please fill out all highlighted fields and have form signed with all appropriate signatures.

Subject Area: <i>(ex: ENG)</i>		Catalog Number: <i>(ex: 105)</i>	
Short Course Title: <i>(30 characters maximum)</i>			
Long Course Title: <i>(100 characters maximum)</i>			
Reason for Cancelling Course:			

Department Scheduler Name:	Extension:
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Department Chair: _____ **Date:** _____
(Signature Required)

Curriculum Academic Dean: _____ **Date:** _____
(Signature Required)