The University of Oklahoma

Norman Campus

Office of the Senior Vice President and Provost

Approval Process for Cancellation of a Scheduled Course

The Department/School of _____ requests permission to cancel

Course Reference Number	Prefix	Number	Section	Course Title	Semester

Assigned Instructor: _____ Current meeting time: _____

Explanation:

☐ Enrollment below minimum

☐ Assigned instructor no longer available and no appropriate substitute instructor has been identified (please cite reason): _____

☐ Other reason: _____

Contact person: _____ _____ _____

Email address Phone number

☐ Please attach the class roster as of the date of this request.

How will the students currently enrolled in this course be notified of the cancellation? Who is responsible to notify them in a timely way?

_____

How will the students currently enrolled in this course be accommodated for an alternate enrollment possibility?

_____

APPROVED:

_____ _____

Chair/Director of Department/School Date

Senior Vice President & Provost Date

_____ _____

Dean Date

Breck Turkington Date
Classroom Management