



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
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Assigned Instructor:

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
Classroom Management

Date