

The University of Oklahoma Norman Campus Office of the Senior Vice President and Provost

Office of the Senior vice President and Provosi

Approval Process for Cancellation of a Scheduled Course

requests permission to cancel

The Department/School of

APPROVED:

Dean

Chair/Director of Department/School

Course Reference Prefix Number Section Course Title Semester Number 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? [NOTE: Do not notify the students of any changes until this request is approved.] How will the students currently enrolled in this course be accommodated for an alternate enrollment possibility?

Senior Vice Provost for

Instruction and Student Success

Registrar/Classroom Management

Date

Date

Date

Date