

OFFICE OF THE SENIOR VICE PRESIDENT AND PROVOST
Norman Campus

Approval Process for Cancellation of a Scheduled Course

The Department/School of _____ requests permission to cancel

Prefix	Number	Section	Course Title	Semester	Instructor	Title
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Explanation:

_____ Enrollment below minimum

_____ Assigned Instructor no longer available due to illness; no appropriate substitute
Instructor has been identified.

_____ Other reason, (please cite):

Please attach the Class roll or printout of DSIS screen as of the date of this request.

Originator/Contact Person:

Name

Telephone Number

How will the student currently enrolled in this course be notified of the cancellation?

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

Who is the responsible party for insuring that these students are notified and accommodated in a timely way?

APPROVED:

Chair/Director
of Department/School

Date

Senior Vice President & Provost

Date

Dean

Date

Judy Stockdale
Classroom Scheduling

Date