

*OFFICE OF THE SENIOR VICE PRESIDENT AND PROVOST*  
*Norman Campus*

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**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