



# Course Cancellation Request Form

Date of Request: \_\_\_\_\_ Effective Term: \_\_\_\_\_ School/College: \_\_\_\_\_

**Please fill out all highlighted fields and have form signed with all appropriate signatures.**

<b>Subject Area:</b> <i>(ex: ENG)</i>		<b>Catalog Number:</b> <i>(ex: 105)</i>	
<b>Short Course Title:</b> <i>(30 characters maximum)</i>			
<b>Long Course Title:</b> <i>(100 characters maximum)</i>			
<b>Reason for Cancelling Course:</b>			

<b>Department Scheduler Name:</b>	<b>Extension:</b>
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Department Chair: \_\_\_\_\_ *(Signature Required)* Date: \_\_\_\_\_

Curriculum Academic Dean: \_\_\_\_\_ *(Signature Required)* Date: \_\_\_\_\_

Dean of Graduate School: \_\_\_\_\_ *(Signature Required for Graduate Courses Only)* Date: \_\_\_\_\_