

OFFICE OF THE ASSOC VICE PRESIDENT FOR ACADEMIC AFFAIRS
OU Tulsa

Approval Process for Cancellation of a Scheduled Course

The Department/School of _____ requests permission to cancel

CRN Prefix Number Section Course Title

Term

Assigned Instructor:

Explanation:

Enrollment below minimum

Assigned Instructor no longer available; no appropriate substitute
Instructor has been identified

Other reason, (please cite):

Please attach the Class roster as of the date of this request.

Originator/Contact Person:

Name

Telephone Number

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

How will the students 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 Date
Of Department/School

Asst Vice President/Registrar, Date
OU Tulsa

Dean Date

Email form to: tulascheduling@ou.edu