

Request for Course Cancellation

Approved By: _____

Department Head: _____ Date: _____ Dean of School: _____ Date: _____

Vice President for Academic Affairs: _____ Date: _____

Please forward request by e-mail

CRN	Subject	Course Number	Section	Title	Instructor	Low Enrollment	Reason for Cancellation Other

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After students are notified of the course cancellation, please contact the Registrar's Office, so the students can be dropped from the class. E-mails may be sent to schedulechanges@atu.edu.