

The University of Oklahoma Norman Campus Office of the Senior Vice President and Provost

Approval Process for Cancellation of a Scheduled Course

The Department/School of				requests permission to cancel		
Course Reference Number	Prefix	Number	Section	Course Title	Semester	
Assigned Instruc	tor:			Current meeting time:		
Explanation:						
Assigned is	olease cite re	longer availab	ole and no	appropriate substitute in	structor has been	
Contact person:						
DI	1.4. 1	. C.1	1	Email address	Phone number	
		roster as of the		-		
How will the students currently enrolled in this course be notified of the cancellation? Who is responsible						
to notify them in	a timely way	y? [NOTE: Do 1	not notify t	he students of any changes	until this request is approved.]	
How will the stu	idents curren	itly enrolled in t	this course	be accommodated for an al	ternate enrollment possibility?	
APPROVED:						
Chair/Director of De	partment/Schoo	1	Date	Mark Morvant Vice Provost for Instruc	Date tion and Student Success	

Kellie Dyer

Registrar

Date

Dean

Date