

REQUEST FOR CLASS CANCELLATION WITH CURRENT STUDENT ENROLLMENT

This form and all signatures are necessary if you wish to cancel a class that has a current student enrollment of: 20 or more students for a lower-division class; 12 or more for an upper-division class; and 8 or more for a graduate class. After obtaining the department head's signature, forward this form to the Associate Dean for Instruction and then to the appropriate Senior Associate Dean/Vice Provost (Graduate/Undergraduate).

For classes with enrollment lower than the thresholds listed above, contact Course Management to close the section. Next, notify the students that you are cancelling the class and request they drop. When the class reaches zero enrollment, notify Course Management to cancel the section.

Once approved and upon receipt of the form, Course Management will close the class and cancel the section. The department associated with the section is responsible for notifying all previously enrolled students of the cancellation.

Please return completed form with all required signatures to: Course Management - 322 Student Union or email to gurooms@okstate.edu.

urse (Prefix, Number and CRN):		
urse Title:		
r the Term:	Year: Instructor:	
partmental Contact:	E	xt
STIFICATION FOR THE CANCEL	LATION REQUEST:	
Department Head Signature/Print Name		Date:
Associato Doa	n for Instruction Signature/Print Name	Date:
Associate Dea		Date.
Undergraduate Associate Pro	vost (UG courses) or Graduate Associate Provost (GR courses) Signature/Print Nar	ne Date:
	Registrar's Use Only	
	Processed by: Date:	
	Processed by: Date:	