



CLASS CANCELLATION REQUEST

Please fill out this Class Cancellation Request to the Office of Academic Affairs prior to the date(s) of class cancellation.

Semester, Year	
Course Number & Title	
Name of Instructor	
Date(s) of Course Cancelled	
Reason	
Make-Up Plan	

Note: Cancellation Notice MUST be submitted to the Director of Academic Affairs prior to the cancelled date(s).

I certify that the information provided in this application is correct to the best of my knowledge.

Requested By: _____

Title: _____

Signature: _____

Date: _____

Office Use Only

Approved By: _____

Title: _____

Signature: _____

Date: _____

Remark: