



# Course Cancellation Form

( To be completed by School/Conservatory Director or Designee and submitted to the Coordinator of Curriculum and Assessment, [Jeanmarie Garofolo](#))

Date: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

CRN: \_\_\_\_\_

Days and Times: \_\_\_\_\_

Current Enrollment: \_\_\_\_\_ Cap Enrollment: \_\_\_\_\_

Reason for Cancellation:

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Reminder: School/Conservatory Director (or designee) is responsible for notifying students that a course is being cancelled, and where feasible and appropriate, should work with students to identify an alternative available course.