****

Office of Enrollment Services

Course Cancellation Request

Semester:  Academic Department:  Date: 

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CRN | Course Number | Title | Number of Students | Date processed |
|       |       |       |       |       |
|  |  |  |  |  |
|       |       |       |       |       |
|  |  |  |  |  |
|       |       |       |       |       |
|  |  |  |  |  |
|       |       |       |       |       |
|  |  |  |  |  |
|       |       |       |       |       |
|  |  |  |  |  |
|       |       |       |       |       |
|  |  |  |  |  |
|       |       |       |       |       |
|  |  |  |  |  |
|       |       |       |       |       |
|  |  |  |  |  |
|       |       |       |       |       |
|  |  |  |  |  |
|       |       |       |       |       |

Please submit this form to Melissa Braun, Assistant Registrar at mbraun@ccri.edu.

Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Academic Dean Date