

Semester:  Fall \_\_\_\_\_  Spring \_\_\_\_\_

Department: \_\_\_\_\_

For **course cancellations** - Please indicate how students enrolled will be assisted with identifying an alternative course.

For **retaining low enrolled courses** – Please provide a justification for continuing to offer the course.

<i>Course Number and Title</i>	<i>Instructor</i>	<i>Day/Time Course Offered</i>	<i>Credit Hours</i>	<i>Number of Students</i>	<i>CANCEL</i>	<i>RETAIN</i>	<i>Cancelled courses – Student accommodation/s Retained courses – Justification to retain</i>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Department Chair*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Dean*