Office of the Registrar
Alabama A&M University
PO Box 848
Normal, AL 35762
256-372-5254

Course Cancellation Form

Semester: _____ **Request for Course Cancellation:** _____

CRN No.	Crs Abbrev / Number	Course Title	Hrs	Time	Place	No. of Students	Date Processed

*** * * Please notify all students to drop cancelled course * * ***

Justification for Cancellations: _____

APPROVED:

Department Chairperson Date

Dean of Graduate School Date

Dean of School Date

Vice President, Academic Affairs Date

Rev. 12/2009