



Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

OFFICE OF THE REGISTRAR

Department Request to Cancel

Date: _____

Term & Year: _____

Department: _____

Contact Person: _____

Extension: _____

Email: _____

1. Please encourage any enrolled students to drop the course before submitting the request to cancel. Departments are required to notify all enrolled students before cancellation. Have the students been notified?
 YES – Please attach the email sent to enrolled students
 NO – No students are enrolled
 *A linked course cannot be cancelled with students enrolled. Please ensure all students have dropped the course before submitting request to cancel.

2. Reason for canceling course(s):

3. List course(s) to be canceled:

CRN	Subject	Course	Section

4. Required Signature:

Chair Signature Date

5. Submit this form and supporting documents to Schedule@shsu.edu for processing

Processed By Date