MONTH, DAY, YEAR

Dr. Sonia Hernandez-Diaz, Chair

Committee on Educational Policy

Harvard T.H. Chan School of Public Health

677 Huntington Avenue

Boston, MA 02115

Dear Dr. Hernandez-Diaz,

The Department of [DEPARTMENT NAME], is submitting the following [TEMPORARY/ PERMANENT] cancellation request to the Committee for Educational Policy. The cancellation of course [COURSE NUMBER]: [COURSE TITLE] is being submitted for the [TERM TO BE CANCELLED] of [YEAR TO BE CANCELLED].

This course is taught by [FACULTY MEMBER’S NAME(S)]. It is a Category [1, 2 or 3] course, generally taken by students in following programs: [LIST STUDENT PROGRAMS].

The course is being cancelled because [EXPLAIN REASONING – typically 3-4 sentences]

The department has reviewed alternatives in place of this course that include: [LIST ALTERNATIVES]. These are potential alternatives because [EXPLAIN WHY THESE ARE SUITABLE ALTERNATIVES – typically 2-3 sentences]. [OR, THERE ARE NO OTHER SUITABLE ALTERNATIVES – typically 2-3 sentences explaining why not]

All of the affected departments/programs that include [LIST DEPARTMENTS/PROGRAMS] have been consulted in advance and agree that the alternative course(s) are offered at a time that works for their students given other curriculum requirements.

Our department/program has a clear communication plan to affected students sufficiently in advance of the beginning of registration to allow for adjusted course schedules that includes [LIST DETAILS – typically 2-3 sentences].

As such, I approve of this cancellation request. Let me know if you require any additional information.

Sincerely,

CHAIR NAME

CHAIR SIGNATURE