

COURSE CANCELLATION FORM

Permanent Cancellation Course Code _____

Cancellation for Current Academic Year Only Academic Year _____ Term _____

Has this course been cancelled previously? How many times? _____ When? _____

Course Information

All cancellations are presented to the CEP for review.

Primary Department: _____ Other Department(s): _____

Course Title: _____

Primary Instructor: _____ Co-Instructor/s: _____

Course Category (Pick one):

- Category 1:** a **school-wide core requirement** for masters or doctoral programs
For which school-wide program(s) is this a required core course: _____
What other course(s) meet this requirement: _____
- Category 2:** a **required course** for students in one or more degree programs
For which degree program(s) is this course a requirement: _____
What other course(s) meet this requirement: _____
- Category 3:** an **essential course** that is an option for fulfilling a requirement for one or more degree programs
For which degree students does this course fulfill a program requirement: _____
What other courses fulfill this degree requirement? _____
- Category 4:** an **elective course** (i.e., this course does not fulfill a requirement for any degree program)

Does this course fulfill a required Program or Field of Study Competency? No Yes _____
(Indicate new course that meets the FOS Competency)

What other courses at Harvard Chan would cover similar content and/or competencies? _____

Is this course a prerequisite for another course? Name the course. No Yes _____

How does the department/program plan to ensure that the content and competencies are available within the curriculum? _____

Is this course scheduled to be taught alternate years? No Yes ODD EVEN years

When was this course last taught? _____ (academic year & term/s)

What was the course's enrollment when last taught? _____

What was the course's last overall course rating? _____

If this is not a permanent cancellation, when will the course be offered again? _____
(academic year & period/s)

Please provide reason for cancellation _____
(If more space is required please attach an additional sheet)

Information Required for Late Cancellations

*This section **must** be filled out for course cancellations submitted after **September 15th** for Fall courses, **December 20th** for Spring courses, or **June 15th** for Summer courses.*

Reason for Cancellation:

- Low Enrollment** Enrollment _____ Date _____
- Minimum enrollment not met**
Courses may be cancelled due to low enrollment if fewer than 5 students are enrolled at the end of the first week of class Required enrollment _____ Actual enrollment _____ Date _____

This is a 2 page form

Emergency Circumstances *(Please attach an explanation)*

Other *(Requires signature from the Dean of Education)
Please attach an explanation*

Authorizing Signature(s)

Department Course Liaison Signature

Date

Department Chair's Signature

Date

Dean of Education Signature (Required for late cancellation requests for **Other** reasons)

Date