

Kenai Peninsula College

UNIVERSITY of ALASKA ANCHORAGE

Course Cancellation Form

Fall	Spring	Summer	Year: _____
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Requested cancellation(s):

CRN	Dept.	Course No.	Sect.	Course Title
CRN	Dept.	Course No.	Sect.	Course Title
CRN	Dept.	Course No.	Sect.	Course Title
CRN	Dept.	Course No.	Sect.	Course Title

Additional comments for processing:

Please check if instructor(s) has been or will be contacted.

Department Chair: _____
please print

Dept. Chair Signature: _____ Date: _____