



Office of Academic Affairs  
**Low Enrollment Action Request Form**

College: \_\_\_\_\_ Department: \_\_\_\_\_ Term: \_\_\_\_\_

Complete the fields below to cancel or retain low enrolled classes. For **course cancellations**, indicate how students will be assisted to find an alternative course. For **courses to be retained**, insert the appropriate justification code and attach the class roster from Banner.

Course Number and CRN	Day/Time of Course Offering	Instructor	Credit Hrs	Enrollment	Cancel Or Retain	Assistance provided/Justification to retain

Justification Codes:

1. Required for graduation (if cancelled could affect the date of graduation of students enrolled)
2. Required for majors in the discipline (course not offered each semester and should be completed this term to keep proper sequence)
3. Course in newly established degree program, concentration or support area
4. First-time course offering
5. Class size limited by accreditation or state licensing standards
6. Class size limited by laboratory or clinical facility
7. Other

Dean Review:  Approve  Deny

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

VP Review:  Approve  Deny

Signature: \_\_\_\_\_

Date: \_\_\_\_\_