

Scheduling Office 3000 College Dr. S

3000 College Dr. S Lethbridge Alberta T1K 1L6 Tel. 403-320-3286 scheduling@lethbridgecollege.ca

CREDIT COURSE SECTION CANCEL REQUEST

Date					Subject (ABC) Number(11		Section(C01)		Term	Term	
						•			•		
Ins	tru	ctor(s) A	ttac	hed - Name and ID:						
Ra	tion	ale	or c	our	se section cancellat	ion:					
		Cur	rent	ly S	cheduled – complete	all info:		Cur	rent Sec	tion Limit:	
M	T	W	R	F	TIME (start & end)	ROOM					
							Ori	ginal Number of Re	gistered	Students:	
							Cu	rrent Number of Re	gistered	Students:	
			l		L						
Does this cancellation have an effect on existing Academic Blocks? Yes No											
	l	Does	thi	s ca	ncellation have an im	pact on student	s in su	bsequent term(s)?	Yes	No	
If Yes, do the students need to meet with an Advisor? Yes No									No		
						If Yes, has	Advisir	ng been informed?	Yes	No	
	Hov	v we	re/w	ill s	tudents be contacted	(check all that a	apply)?	In-person F	Phone	Email	
Wh	at v	vere	/will	stu	dents be given as a	n alternative to	this ca	ncelled course se	ction?		

Please be aware that cancelling a course section can impact students in several ways. Impacts may include:

- Course section prerequisite compliance.
- Continuous progression through required terms (Fall & Winter; Spring only when it's a required term for the program).
- Student Loan eligibility (provincial, federal, bank loan); Alberta Works and external agency funding.
- Athletic eligibility (Kodiaks, Prairie Baseball Academy).
- International Student Visa eligibility.

Originator:		Dean/Associate Dean Authorization:			
Scheduling Off	fica Usa:	Sahaduling Office Has Only Natas			
Timetabler:	100 030.	Scheduling Office Use Only - Notes:			
Enterprise:					
Colleague:					
Registration:		Logged:			