



**NORTHERN  
PENNSYLVANIA  
REGIONAL COLLEGE**

Policy: NPRC-3045 Course Cancellation  
Origination: 03-21-2019  
Approved: 04-12-2019  
Effective: 04-12-2019  
Reviewed: 03-31-2020  
Last Updated: 04-09-2020

## **Subject: Course Cancellation**

### **1. PURPOSE**

This policy provides guidelines for the cancellation of credit-bearing courses.

### **2. SCOPE AND APPLICABILITY**

This policy is applicable to all credit-bearing courses listed in the master schedule.

### **3. REFERENCES - None**

### **4. DEFINITIONS**

4.1 The master schedule is the full listing of credit-bearing courses available for student enrollment during a semester.

### **5. POLICY**

5.1 Cancellation of a course section(s) published on the master schedule may be authorized for the following reasons:

- 5.1.1 An alternate course or section is available to fulfill program requirements for the students enrolled;
- 5.1.2 The educational plans for degree-seeking students enrolled can be modified to avoid extending the time to degree completion; or
- 5.1.3 An arrangement for an appropriate equivalent educational experience can be provided through independent study.
- 5.1.4 For any other reason deemed necessary by the Vice President of Academic Affairs.

5.2 The Dean of Curriculum and Instruction will recommend courses to be cancelled to the Vice President for Academic and Student Affairs at least five (5) working days prior to the first day of the course.

5.3 The VPASA will make the final decision to cancel course sections at least three (3) working days prior to the first day of the course being cancelled.

- 5.4 The Registrar or designee will communicate cancellations to affected students and Student Success Specialists at least 48 24 hours prior to the first day of the course.
- 5.5 Student Success Specialists will help students make appropriate revisions to their schedules necessitated by course section cancellations.

## **6. RESPONSIBILITIES AND TIMELINES**

- 6.1 The Vice President for Academic and Student Affairs is responsible for the administration of this policy.

## **7. SIGNATURES**

*Signature on file*

_____	_____
Chair, Board of Trustees	Date

*Signature on file*

_____	_____
President	Date