Course Cancellation Fee Opt-Out Agreement

DATE: _____

Adjunct Faculty:

Course to be cancelled:

Course Department Number and Section

Quarter
- ☐ Summer 10-Week
- ☐ Summer 1
- ☐ Summer 2
- ☐ Fall
- ☐ Winter
- ☐ Spring

Academic Year
2026/2027

Current Enrollment:

Required Enrollment to Continue Course:

Final Enrollment Review Date:

The course section indicated above is being cancelled due to low enrollment. As per the Course Cancellation Guidelines, and given that it is one month or less prior to the scheduled first class meeting, you will receive a cancellation fee equal to 25% of your total course fee.

However, you may choose to opt out of this cancellation fee and allow the course to stay open anticipating that it may fill to the required enrollment. To do so, simply sign and submit this form via email to the person notifying you of the cancellation, within 5 business days of the date on this form, above.

If the course does not meet the Required Enrollment by the Final Enrollment Review Date specified above, the course will be cancelled and you will not receive the cancellation fee.

☐ **Signature** – By checking this box and typing my name into the box below I agree to not receive the course cancellation fee in return for the course remaining open for additional enrollments. I understand that the course may not reach the Required Enrollment and thus will be cancelled.

Signature