



Class Cancellation and Rescheduling Form

INSTRUCTIONS: This form should be used for faculty to inform the Center Director if a class will not be meeting and the reason and to reserve a classroom to make up the missed session.

Date of Request: _____

Class Number: _____

Class Title: _____

Cancelled Class Date: _____

Time: _____

Reason for Cancellation: _____

Faculty Name: _____

Confirmation Notice

Date: _____

To: _____

Reschedule Date: _____ Reschedule Time: _____

Alternative Date: _____ Alternative Time: _____

***Let Campus Director know immediately if date is not acceptable**