INSTRUCTOR NAME_____

SITE_____

COURSE# ABD TITLE_____

DATE(S) CLASS MISSED_____

CLASS COVERAGE (CHECK ONE)

MAKE-UP WORK ☐ RE-SCHEDULED CLASS PERIOD ☐

EXPLAIN IN DETAIL HOW WORK WILL BE MADE UP. (Must be returned to your Dean one week prior to class missed)

If additional space is needed, please attach a separate sheet.