



CLASS CANCELLATION/COVERAGE

This form shall be used to notify the Dean's Office when you will not be holding class for any reason. Please provide a 2 week notice of class cancellation.

In addition, if you will have alternate coverage for your class, please ensure that all contact information regarding who will cover your class is complete and forwarded to the Dean's office. Please consider an alternative presentation from Kathleen Jackson, Career Advisor or Lynne Finnegan, Internship Coordinator as possible substitutions.

It is your responsibility to notify your students of class cancellation.

I, _____ will not be teaching class on the following date _____.

A. I have cancelled the class ☐

B. I have arranged for coverage by _____

His/her phone number: _____

and email: _____

DAY: M ☐ T ☐ W ☐ TH ☐ F ☐

CLASS: _____ TIME: _____ ROOM: _____

CLASS: _____ TIME: _____ ROOM: _____

CLASS: _____ TIME: _____ ROOM: _____

(Signature) - NO SIGNATURE NEEDED IF USING "SUBMIT" BUTTON ABOVE

Today's Date

Dean's approval ☐