COMMUNITY EDUCATION
CLASS COVERAGE FORM

Faculty Member: In the event you are unable to meet a regularly scheduled class session (due to weather, illness, personal/professional reasons, etc.) please contact your Coordinator and your students.

Faculty members are required to complete a Class Coverage Form each time class is not held. Please complete the following form and email it to your Coordinator as soon as possible (prior to or immediately after class cancellation.)

INSTRUCTOR NAME: _____

COURSE # AND TITLE: _____

DATE (S) CLASS MISSED: _____

CLASS COVERAGE (Select one)**:**

Make - up work _____ **Re-Schedule Class Period** _____

EXPLAIN IN DETAIL HOW THE CLASS WORK WILL BE MADE UP AND/OR NOTE THE DATE, TIME AND LOCATION OF THE RE-SCHEDULED CLASS PERIOD.

7/20/05 E.S.