

REQUEST FOR CLASS TO MEET OFF CAMPUS FORM

This form must be completed and signed at least one week prior to scheduled off-campus activity.

Class _____ Instructor _____

Period _____ Seq# _____ On Campus Room _____

Off-Campus Location _____

Date and Time Class to be Off-Campus _____

Explanation _____

It is understood that no student will be penalized for missing a class not held in the regularly scheduled area.

Instructor

Dean