**Permission for Class Make-Up**

Subject _____

Section _____

Instructor _____

Date _____

Time _____

Room _____

Authorized _____

Dean/Chairperson

## Make-Up Class

**Subject**_____ **Section**_____

**Instructor**_____

**Date**_____ **Time**_____

**Room**_____

**Permission for Class Cancellation**

Subject _____

Section _____

Instructor _____

Date _____

Time _____

Room _____

Authorized _____

Dean/Chairperson

## Cancelled Class

**Subject**_____ **Section**_____

**Instructor**_____

**Date**_____ **Time**_____

**Room**_____