



Campus Closing/Class Cancellation Form

Campus Location: ___Main ___Anna ___Cairo ___Metro

Date Session(s) of Closing or Cancellation: _____

Course Prefix/Title/Section(s): _____

Check the box that applies: Campus Closing Class Cancellation

Complete this section of the form for Campus Wide – Campus Closings

How will you make-up class session time?

Complete this section of the form for Class Cancellations

How will you make up class content?

Instructor Signature: _____

Date Received: _____