

# 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 \_\_\_\_\_

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

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Dean