

TEMPORARY CLASS RELOCATION

(This form is only to be used for temporary relocations on campus)

Date of Request:	
Course Name:	
Section Number:	
Instructor Name:	
Date and time of temporary class relocation:	
Class will be relocated to (Bldg./Room #):	

Purpose of Relocation:

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Students should be informed that this is not a field trip. The class will commence and end at this temporary location for the date and time indicated.

Instructor Signature:	Date:
Department Chair Signature:	Date:
Approval Signature (Dean of Academic Affairs):	Date: