

TO BE COMPLETED BY INSTRUCTOR OF CLASS 2
(Please PRINT Clearly)

II. INSTRUCTIONAL PLAN AND APPROVAL:

Faculty proposal of weekly schedule for making up overlapping hours of Class 2. Please include date, times and place you intend to meet with the student enabling him/her to gain the instruction missed. The time spent must equate to the same number of instructional hours missed each class meeting per week in order to enable the student to gain the instructional time/content missed.

Classroom time lost to time conflict will be made up as follows:

Start/End Dates _____ Days _____ Time _____ Location _____

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Content to be covered as follows:

The student will make up the time conflict as indicated above and will be under my direct supervision. I understand that, for audit purposes, I must maintain a written record of the make up time completed by the student in this class.

Instructor's approval of Class No. 2

Instructor's Printed Name

Signature

Date

OFFICE USE ONLY

III. APPROVAL *(Signature Required)*

Division Dean Signature: _____ **Approved** **Denied** **Date:** _____

Comments

ADMISSIONS AND RECORDS OFFICE

Processed by: _____ Date: _____