

Loyola Marymount University

Class Cancellation Request

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Course: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Reason for Cancellation:

Plan for Cancelled Class Section:

Approvals:

Program Director/Department Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Dean: \_\_\_\_\_

Date: \_\_\_\_\_