



FACULTY ABSENCE / CLASS CANCELLATION FORM

This form is to be filed in the office of the Associate Provost for Academic Affairs (K019) at least 48 hours before a planned absence or cancellation. In case of illness or unforeseen cancellation of a class, please submit this form to the office of the Associate Provost for Academic Affairs as soon as possible.

Please check: Faculty Absence Class Cancellation

Instructor Name: _____ Department: _____

Course Number & Section: _____ Classroom Number: _____ Online:

Course Title: _____

Dates Concerned: _____

Reason for Absence / Cancellation: _____

If this absence involves use of sick days, please check here:

Provisions being made to make up instructional time: _____

Action to be taken by Registrar: _____

- Post Cancellation Notice: YES NO
- Professor Contacted Students: YES NO
- If none, please indicate who will preside in class: _____

Signature of Instructor

Date

Signature of Program Director *(if applicable)*

Date

Signature of Department Chairperson / Associate Dean

Date

Signature of School Dean

Date

Signature of Associate Provost for Academic Affairs

Date

Please submit this form to: Office of Academic Affairs – Yvette Rooney at yrooney@molloy.edu