

OVERLAPPING CLASS FORM

2000 College Dr.
 Madisonville, KY 42431
 Telephone: (270) 821-2250
 Fax: (270) 824-1866
 madisonville.kctcs.edu

Date: _____ **Semester/Year:** _____

Name: _____ **SSN:** _____

Classes Involved:

Section	Day	Time	Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To the instructor of the class that will be missing time:

Please explain, in as much detail as possible, how the student intends to make up the missed class time, especially on exam days.

 Instructor Signature Date

 Division Chair Signature Date

 Approval by Academic Dean Date

Mail or fax completed form to:

MCC Records Office, 2000 College Drive, Madisonville, KY 42431
 FAX: (270) 824-1864

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