

UAB
"ACTIVITY NAME"
Schedule and Class Conflicts
 Sponsored Activity and Class Conflicts Accommodations Form

Course _____ Student _____
 Section _____ Student ID B- _____
 Instructor _____ Activity and location _____

Anticipated Missed Classes **Accommodation** (if appropriate)

Please state the actions the student must take to make up the missed work (quizzes, exams, presentations, other) for the dates listed above. Please return the form to him or her at your next class meeting. The student will share the information provided with the activity sponsor for planning purposes. If you have any questions or concerns please contact (*name and phone of the Advisor/Sponsor of this university activity*). Thank you for participating in this process.

Signatures:

Instructor: _____ **Date:** _____

Activity Advisor/Sponsor: _____ **Date:** _____

Student: _____ **Date:** _____