Windham School District
End of Semester Report
Attachment C-4

Summary of Class Cancelations and Make-Ups

Institution: _____

Semester: _____

Year: _____

Unit	Class	Date	Instructor	Reason for Cancelation	Date of Make-Up*

*Please note here if packets are used in place of class make-up day.

All documents should be submitted to postsecondary@wsdtx.org.