

Make-up Class Form

Name of Faculty	
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CLASS MISSED	
Subject	
Code	
Date and Time	
Classroom #	
Reason(s)	<input type="checkbox"/> Vacation <input type="checkbox"/> Business <input type="checkbox"/> Medical / Health <input type="checkbox"/> Personal <input type="checkbox"/> Other Explanation : _____ _____

MAKE-UP CLASS SCHEDULE	
Date	
Time	
Classroom #	

APPROVED:

Faculty's Signature

Date

Program Director's Signature

Date

Dean of Academic Affairs' Signature

Date