

Report after Make-up Class

Name of Faculty	
Name of Subject	

CLASS MISSED	
Date	
Time	
Classroom #	

MAKE-UP CLASS	
Date	
Time	
Classroom #	
Number of Student Attended	

** This report must be submitted to the departmental manager within 7 days of make-up class.*

I hereby certify that I have carried out the make-up class as stated above.

Faculty's Signature: _____

Submission Date: _____