



MAKE-UP CLASS FORM

Semester, School Year _____

This form should be given to the Faculty Attendance Checker at least one (1) day before the actual date of make-up class.

Please furnish one (1) copy each to the Accounting Office and Faculty Attendance Checker. Keep one for your file.

Name of Faculty:		College/Department:	
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CLASS MISSED	
Subject:	
Progcode:	
Date and Time:	
Building/Room #:	
Reason/s:	

MAKE-UP CLASS SCHEDULE	
Date:	
Time:	
Building/Room #:	

Faculty Member: _____

Signature Over Printed Name

Date Filed: _____

APPROVED:

Department Chair: _____

Signature Over Printed Name

Date Approved: _____

College Dean: _____

Signature Over Printed Name

Date Approved: _____

(For Office of the Registrar's use.)

CHECKED BY FACULTY ATTENDANCE CHECKER	
Name:	
Signature:	
Date Checked:	

rev10.11.12



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