**MAKE-UP FORM**

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DEAN

Sir//Madam:

May I request your good office a permission to conduct make-up classes on the following dates:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date:  |  |  Time:  |  | Subject/Year & Sec.  |  | Room |
|   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Due to: | (indicate the reason/s of affected schedules) |
|  |  |

Thank you very much

Very truly yours

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Instructor/Professor

Recommending Approval

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Chairperson

Approved:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DEAN