

DANCE CLASS MAKE-UP FORM

Name: _____ BU I.D.

Make-up is for: (fill in course info below) College of Student: _____

Department Letters:	<input type="text"/>	Course Number:	<input type="text"/>	Section:	<input type="text"/>	Course Credits:	<input type="text"/>	
Course Name:	<input type="text"/>							
Check Appropriate Semester the make-up is for:							Year:	<input type="text"/>
	<input type="checkbox"/>	Fall		<input type="checkbox"/>	Spring			

Make-up completed in:

1. Class: _____ Date: _____

Instructors Signature: _____

2. Class: _____ Date: _____

Instructors Signature: _____

3. Class: _____ Date: _____

Instructors Signature: _____

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Course Name:	<input type="text"/>							
Check Appropriate Semester the make-up is for:							Year:	<input type="text"/>
	<input type="checkbox"/>	Fall		<input type="checkbox"/>	Spring			

Make-up completed in:

4. Class: _____ Date: _____

Instructors Signature: _____

5. Class: _____ Date: _____

Instructors Signature: _____

6. Class: _____ Date: _____

Instructors Signature: _____