

Make-Up Form

Student's Name: _____ ID: ____ - ____ - _____

Email: _____

Class To Be Made Up

PDP Course Name/Number/Section: _____

Semester (circle one): FALL SPRING Year: _____

Make-Up Class Information

The top portion of this form must be completed prior to approval of the make-up class

Date(s) of Make-Up Class(es): _____

Instructor's Signature Approval: _____

It is the student's responsibility to return the completed make-up form to his/her official Physical Education Instructors. Instructor will then turn into the main office at 915 Commonwealth Ave. Classes can only be made up with same instructor and/or in same/similar subject matter.

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