	Reference No.: BatStateU-FO-COL-11	Effectivity Date: January 3, 2017	Revision No.: 00

MAKE-UP/ADVANCED CLASS REQUEST FORM

Course Title:

Original Schedule (Day/Time)	Room Assignment	No. of Hours Missed	Section	No. of Hours to Make-up/ Advance	Proposed Schedule (Day/Time)	Room Assignment

Reason(s):

Requested by:	Noted:	Approved by:
Name of Faculty	**Dept. Chair/Program Coordinator**	**Dean**

ATTENDANCE OF STUDENTS

Name	Signature	Name	Signature

Signature – Teacher	**Class Officer**	**Dean**

*Tracking No.:*_____