

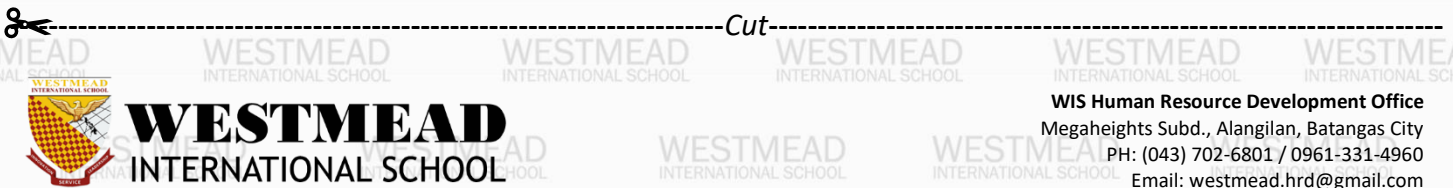


**MAKE-UP CLASS REQUEST FORM**

Date of Application: \_\_\_\_\_

HRDO Form #003 Series 2023

FACULTY INFORMATION			
Full Name:	Employee ID Number:		
Department:	<input type="checkbox"/> CITCS <input type="checkbox"/> CTHM <input type="checkbox"/> SEBA <input type="checkbox"/> CAS <input type="checkbox"/> COE <input type="checkbox"/> CTE <input type="checkbox"/> SOC	<input type="checkbox"/> Basic Education	<input type="checkbox"/> Senior High School
CLASS DESCRIPTION			
Subject Code:	Year Level & Section:		
Subject Description:	Number of Units:		
Course & Major	Number of Hours:		
ORIGINAL SCHEDULE OF MISSED CLASS			
Date:	Start Time:		
Room Number:	End Time:		
PROPOSED SCHEDULE OF MAKE-UP CLASS			
Date:	Start Time:		
Room Number:	End Time:		
REASON FOR MISSED CLASS			
<b>Requested by:</b>  Signature of Teacher over printed name	<b>Endorsed by:</b>  Signature of College Dean over printed name	<b>Approved by:</b>  Marites D. Manlongat, PhD VP for Administration and Finance	



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