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| **ODI Form No. 09**   |  | | --- | | Republic of the Philippines  VISION  The premier university in historic Cavite recognized for excellence of globally competitive and morally upright individuals.  MISSION  Cavite State University shall provide excellent, equitable and relevant educational opportunities in the arts, sciences and technology through quality instruction and responsive research and development activities. It shall produce professional skilled and morally upright individuals for global competitiveness. | |
| **CAVITE STATE UNIVERSITY** |
| CCAT Campus |
| Rosario Cavite |
|  |

**MAKE-UP CLASS FORM**

Requesting your approval for the conduct of my Make-up Class on the dates indicated below in place of its original schedule.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORIGINAL SCHEDULE** | | | | | **MAKE-UP CLASS SCHEDULE** | | | | |
| **DATE** | **TIME** | **SUBJECT** | **COURSE** | **ROOM** | **DATE** | **TIME** | **SUBJECT** | **COURSE** | **ROOM** |
|  |  |  |  |  |  |  |  |  |  |
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Said make-up class is necessary to offset the missed meeting/s due to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Printed Name and Signature of Requesting Faculty Member

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

Department/Unit

Recommending Approval:

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

Department/Unit Head **MARILOU P. LUSECO**

Director, Instructions

Approved:

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

**JOSE P. LISAMA, EdD**

Campus Administrator

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

PARENT’S CONSENT

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

I have been informed about the schedule and the necessity of your make-up class. I allow my daughter/son \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend your advance session.

Respectfully yours,

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

Parent’s Signature over Printed Name