Make-Up Class Schedule

| Course Name | Section No. | Canceled Class | | Make-up Class | | Reason for Cancelation |
|---|---|---|---|---|---|---|
| | | Date | Time | Date | Time | |
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I would like to arrange make-up classes as above.
Please approve this document.

Date: ___. ___. _____.
Applicant's ID: _____. ___.
Applicant's Name: _____. ___.
Applicant's Signature: _____

| Officer: Mr. Leo Kim | Checked By | Academic Officer |
|---|---|---|
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◈ *This document must be submitted to Mr. Leo on the 5th floor office three days before canceling the course.*

# Make-Up Class Plan