COLLEGE OR DEPARMENT LETTERHEAD

REQUEST FOR REMEDIAL/SPECIAL/MAKE-UP CLASS

Subject: _____ Date Filed: _____

Regular Class Schedule: Day: _____ Time: _____ Room: _____

Type of Class Requested: ☐ Remedial ☐ Special ☐ Make-up Others _____

Requested Class Schedule: Date _____ Day: _____ Time: _____ Room: _____

Requested by:	Recommending Approval:	Approved:
_____	_____	_____
Faculty Member	**Department Chairperson**	**Dean**