

Student Name: _____

Program Name: _____

Start Date: _____ End Date: _____

Instructor: _____

This form can be used to make-up 4 hours of missed time. It must be submitted to your instructor for approval prior to making up time. **DO NOT CLOCK IN FOR MAKE-UP HOURS**; instructors will manually enter your time. Please remember, lecture cannot be made-up. In addition, students that are in class during their scheduled time will receive assistance first and make-up students will receive assistance second.

Request	Make-Up
Date of Submission: _____	Date of Make-Up: _____
Date of Absence: _____	Time Arrived: _____
Requested Date of Make-Up: _____	End Time: _____
Requested Time of Make-up	Instructor Signature : _____
Start: _____	Time Clock (Instructor Use ONLY)
End: _____	Time Adjusted by: _____
Instructor Approved: _____	Date of Adjustment: _____

With my signature below I acknowledge that I have read, understood, and received a copy of The Fab School's Make-up Policy that was provided to me by The Fab School administration.

Signature

Date Signed

Print Name

This signature page will be signed by the student and one copy will be placed in the student's file and one copy will be given to the student at the time of enrollment.