

	<b>REQUEST FOR MAKE-UP CLASS</b>	Form No.	<b>WVSU-ODI-SOI-02-F01</b>	
		Issue No.	<b>1</b>	
		Revision No.	<b>2</b>	
	<b>WEST VISAYAS STATE UNIVERSITY</b>	Date of Effectivity:	<b>March 6, 2024</b>	
		Issued by:	<b>ODI</b>	
		Page No.	<b>Page 1 of 1</b>	

Date: \_\_\_\_\_  
Course, Year & Section: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Regular Schedule:**

	Time	Room
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**Schedule of Make-Up Class/es:**

Dates	Time	Room

**Reason/s for make-up class/es:**

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

Further, the schedule of make-up classes was presented /discussed with the students and they agreed to it.

**Recommending Approval:**

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Division/Department Chair

\_\_\_\_\_  
Dean/School Director

**ACTION TAKEN:**  
Approved/Disapproved

**Note:** Accomplish in triplicate  
(Copies distributed to the faculty, Div. / Dept. Chairs,  
and Director of Instruction/Academic Affairs)

\_\_\_\_\_  
Director of Instruction/  
Academic Affairs