DANCE CLASS MAKE-UP FORM

Name: ___________________________ BU I.D. ___________________________

Make-up is for: (fill in course info below) College of Student: ___________________________

<table>
<thead>
<tr>
<th>Department Letters:</th>
<th>Course Number:</th>
<th>Section:</th>
<th>Course Credits:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Course Name: ___________________________

Check Appropriate Semester the make-up is for: [ ] Fall [ ] Spring [ ] Year: ___________________________

Make-up completed in:

1. Class: ___________________________ Date: ___________________________
   
   Instructors Signature: ___________________________

2. Class: ___________________________ Date: ___________________________
   
   Instructors Signature: ___________________________

3. Class: ___________________________ Date: ___________________________
   
   Instructors Signature: ___________________________

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Course Name: ___________________________

Check Appropriate Semester the make-up is for: [ ] Fall [ ] Spring [ ] Year: ___________________________

Make-up completed in:

4. Class: ___________________________ Date: ___________________________
   
   Instructors Signature: ___________________________

5. Class: ___________________________ Date: ___________________________
   
   Instructors Signature: ___________________________

6. Class: ___________________________ Date: ___________________________
   
   Instructors Signature: ___________________________