

DANCE MAKE-UP FORM

Name: _____ BU I.D.

College of Student: _____

Make-up is for:

Department Letters: Course Number: Section: Course Credits:

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: _____

Make-up forms should be delivered to PERD Suite, 2nd Floor, Attn: Micki Taylor-Pinney

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