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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Make-up forms should be delivered to PERD Suite, 2nd Floor, Attn: Dance Office