Florida College of Integrative Medicine

Request to Reschedule a Make-up Class for Individual Student*

*Does not apply to courses with clinical orientation components. Please see Student Handbook for all requirements.	
Student Name:	Class #:
Course Name:	
Date(s) and times of Class to be Missed:	
Reason for Missing Class & Requesting Makeup	of Class:
Date(s) requesting that the Class be Madeup:	
Directions:	
1) Student must complete top part of this form an	d turn into the instructor <i>prior to the</i>
<i>makeup class</i> for approval and signature. 2) The form must then be signed by the Academic	Dean for approval
3) If approved by both instructor and the Academ	
up class fee (minimum of 4 hours) through the Fi	
<u>class</u> . The Finance Director also must sign the fo	rm.
Approval of Instructor(s):	Date:
(missed, makeup)	

Approval of Academic Dean: _____ Date: _____

Receipt of Fees by Finance Director: _____ Date: _____

Office Use Only

Payment Amount: _____ Payment Date: _____

Payment Method: _____