

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 and turn into the instructor ***prior to the makeup class*** for approval and signature.
- 2) The form must then be signed by the Dean of Academic Affairs for approval
- 3) If approved by both instructor and the Dean of Academic Affairs, the student must pay a \$75. fee to the Finance Director ***prior to the makeup class***. The Finance Director also must sign the form.

Approval of Instructor(s): _____ Date: _____
(missed, makeup)

Approval of Dean of Academic Affairs: _____ Date: _____

Receipt of Fees by Finance Director: _____ Date: _____

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### **Office Use Only**

Payment Amount: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Payment Method: \_\_\_\_\_