

Make-Up Attendance Verification Form

Student Name: _____

Primary Instructor: _____

Course Topic(s) / Content Requiring Make-Up

Original Course/Topic	Hours Required	Reason for Make-Up (Absence/Tardy/Other)

Make-Up Attendance Record

Date	Course Attended for Make-Up	Topic Covered	Start Time	End Time	Total Hours

Total Make-Up Hours Completed: _____

Instructor Verification

I verify that the student attended the make-up class(es) listed above and actively participated in the instructional activities.

Make-Up Course Instructor Name: _____

Instructor Signature: _____ Date: _____

Primary Instructor Review & Acceptance

I have reviewed the make-up attendance record and verify that the completed make-up hours satisfy the attendance and educational requirements for the missed course content.

Primary Instructor Name: _____

Primary Instructor Signature: _____ Date: _____

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Student Acknowledgment

I certify that I attended the make-up class(es) listed above and understand that make-up hours are intended to satisfy educational requirements associated with missed instructional time.

Student Signature: _____ Date: _____

Administrative Use Only

- Make-Up Hours Approved
- Attendance Record Updated
- Student File Updated

Reviewed By: _____ Date: _____

Comments:

Important: Make-up attendance must cover substantially equivalent course content and instructional objectives as the original missed class. Completion of make-up hours does not guarantee competency; students may be required to complete additional assignments or assessments at the instructor's discretion.