A-051.1 Make-up and Missed Class Authorization Form

Student's Name:		SMSU ID:
Course Number:	_ Section Number:	
Day/Time of Class Meeting(s):		
Faculty Member's Name:		
Sponsor's Name/Title:		
Date(s) of classes missed due to Univer	sity-sponsored Activities	:
Reason for absence:		_
Student's Signature	Date Signed	
Sponsor's Signature	Date Signed	
Faculty Member's Signature	Date Signed	
Students should present this form to the possible. In cases where the date and is rescheduled, an authorization form wi provide a copy of the signed Make-Up V professor and sponsor. Unless all signal missed work, and/or excuse the absence	time of the scheduled ac Il be filled out at the earli Vork and Missed Class A tures appear above, it ma	tivity is not known or the activity est convenience. Students will authorization Form to the
Use this space for any faculty comments	S:	