Preparation for Principalship Course for Aspiring Principals
Application for Make-up Class

Name in English: _____   Student No.: _____

Course: _____   Cycle: _____

Primary / Secondary*

*Delete as appropriate

Module Session	Original Session Date	Date of Make-up Class *(MUST be the same module session of another class. Please check class schedule online)*
Module _____		
Module _____		
Module _____		
Module _____		
Module _____		

Reason(s) for applying for make-up class (only job-related reason(s) will be accepted):

_____

_____

_____

_____

Signature: _____   Date: _____

Certification of Reason(s) by School Principal:

School Chop and
Principal's Signature: _____   Date: _____

For office use

RESULT:

Approved ☐   Not Approved ☐

Signature: _____   Date: _____

Record Updated
(Student Excel Database) by: _____   Date: _____

Checked by: _____   Date: _____