

STUDENT MAKE-UP HOURS FORM

Massage Life Academy
1706 N Heritage Park Blvd #5, Layton UT 84041

Student Name: _____

Date of Makeup: _____

Total Hours Made up: _____

Please list requested information in table below. If you need more room than the table provides, please attach an additional form.

| Date of missed hours | Name of Class missed | Name of Instructor | Time Missed (hours and minutes) |
|-----------------------------|-----------------------------|---------------------------|--|
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Please contact your instructor about any required makeup assignments or paid instruction. If none, mark N/A.

Makeup Assignments/Instruction

| Date of Class missed | Name of Class missed | Instructor Name | Assignment Title/ Description | Completed (Instructor signoff) |
|-----------------------------|-----------------------------|------------------------|--------------------------------------|---------------------------------------|
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I certify that the listed student has completed make up for the hours listed.

Institution Representative Signature: _____ Date: _____

Student Signature: _____ Date: _____