

VIDEO MAKE-UP

Student's Name: _____

Reviewee #: _____ Section: _____

<i>SUBJECT MISSED</i>	<i>DATE OF ABSENCE</i>	<i>VIDEO MAKE-UP SCHED</i>	<i>Review Assistant's NAME & SIGNATURE</i>	<i>AR Number</i>

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**MAKE-UP COMPLETION
CERTIFICATE**

This certifies that _____ has already completed his/her Make-up Classes and is already eligible to take the Final Simulations. He/she took his/her Make-up Classes on the following:

SUBJECT	Make-up Class Done On		Sit-in or Video <small>(if Sit-in, write Teacher's Name; If Video, write Review Assistant's Name & Receipt Number)</small>		
	Date	Venue	Teacher	Review Assistant Receipt Number	

Certified by: _____
Review Assistant's Signature on top of Name



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