DAVE YOST
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Notification of Make-up Hours

School Name _____ School Number _____

Student Name (Last, First, M.I.)	Date Missed	Proposed Date of Makeup	Total Hours	Proposed Time	Topic Number & Topic Title (abbreviate, if necessary)	(X) If Original Instructor	Instructor(s) Name, Instructor(s) Number & Expiration Date	Location	Date & Method Comp. Off. Notified

***If changing instructor(s), attach OPOTC instructor certificate.**