Acceptable make up options: (if space is available in the course)
1. Attend another section of the current PE&W course currently enrolled in
2. Participate in Hands on CPR only/AED *
   *see physicaleducationandwellness.mit.edu for specific registration and session dates for each quarter
3. Attend a PE&W class that has previously been taken (AND passed)
4. Attend a Group Exercise Class:
   ✓ PE&W Group Exercise Class (schedule located @physicaleducationandwellness.mit.edu)
   ✓ Recreation Noon Free Drop In Courses (schedule located @mitrecsports.com)
   ✓ Recreation Group Exercise Class ($10/each- schedule located @mitrecsports.com)
   (It is recommended to reserve a spot online/Recreation App one day in advance)

Student Must Complete
MIT ID# ___________________________
Student Name: _______________________
Course Requiring Make Up:
Course: ____________________________
Days:______________________________
Time:______________________________
Instructor:___________________________
Make Up Session Attended:
Course:_____________________________
Date:______________________________
   (eg Tues, 4/12/18)
Time:______________________________

Important Reminders
• Students must complete 11 classes in order to pass a PE&W class during Q1, Q2, Q3 and Q4.**
• Students must complete 7 classes in order to pass a PE&W class during IAP.**
• Makeups must be completed and submitted to your instructor within the same quarter.
• No more than TWO make-up classes are accepted per course/per quarter.**
• Students must bring your MIT ID and make-up form with you to the make-up class.

Note: ALL classes have a limited capacity so plan ahead. Instructors are not required to allow you to participate if space is not available. It is recommended you do not wait until the last week to complete your makeups.
**not applicable to Extreme PE classes check specific course instructions for details

Completed by instructor providing make-up:
I have verified this student’s MIT ID and the above student participated in my class on
________________________
Date
________________________
Instructor Name printed Instructor Signature

Make-up form received and entered into Stellar by Instructor
__________ Initial

Updated 8/2019