Natural Sciences Department

LABORATORY MAKE-UP FORM

Instructions to student:

After you have completed the experiment, you must have the make-up laboratory instructor sign this form. The make-up lab will not be valid if this step is not taken.

Date__________________

I. Student’s class information (to be filled out by student)
   Name of Student_____________________________________________
   Course & Section_____________________________________________
   Title of Experiment__________________________________________
   Your Lab Instructor’s Name____________________________________
   You Lab Instructor’s signature of approval________________________

II. The above student wishes to make-up a lab experiment in the following class:
   Course & Section_____________________________________________
   Date & Time of Make-up Lab____________________________________
   Make-up lab Instructor’s Name__________________________________

III. To be filled out by instructor from make-up laboratory section:
   Instructor’s signature of approval of request_____________________
   Instructor’s signature after experiment is completed_______________
   Date make-up lab completed________________________