



DARE TO DO MORE

Natural Sciences Department

PRACTICAL EXAM FORM FOR STUDENT WITH DISABILITIES

Date _____

I. Student's class information *(to be filled out by student)*

Name of Student _____

Course & Section _____

Title of Practical Exam _____

Your Lab Instructor's Name _____

Your Lab Instructor's signature of approval _____

II. The above student wishes to make-up a practical exam

Date & Time of Make-up Exam _____

Location of Make-up Exam _____

College Laboratory Technician's Name _____

CLT's signature of approval _____