



DARE TO DO MORE

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 _____

Your 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 _____