MAKE UP LABORATORY APPROVAL

Name __________________________________ Regular Laboratory Date Missed ___________________________
Regular Lab Course __________________ Day __________ Time ________________________________
Name of Regular Lab Instructor __________________ Make Up Lab Instructor __________________
Experiment
Make Up Lab Date ________________ Time __________________________________________
Reason For Lab Make Up
__________________________________________________________________________________
__________________________________________________________________________________
Get approval from your regular instructor by having him or her sign below before the make-up period. Show this form to the instructor in the laboratory you have selected for the make-up and ask permission to work in the laboratory. NO UNDERGRADUATE MAY EVER WORK ALONE IN A LABORATORY. All work must be done within regular hours and under the supervision of an instructor. The instructor of the make-up laboratory must be running the same experiment you missed, and will return this form to your regular lab instructor. MISSED LABS MUST BE MADE-UP WITHIN A WEEK.

Signature of regular laboratory instructor _______________________________________________
Signature of make-up laboratory instructor ______________________________________________

1. Instructor

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Regular Lab Course __________________ Day __________ Time ________________________________
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Experiment
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Signature of regular laboratory instructor _______________________________________________
Signature of make-up laboratory instructor ______________________________________________

2. Student