

MAKE-UP LAB REQUEST FORM

Return this Form to the Lab Instructor for Submission to the Course Professor

PLEASE PRINT ALL INFORMATION

Student Name: _____ Student UIN #: _____

Course: PHYS _____ Course Professor: _____

Lab Section: _____ Lab Instructor: _____

In accordance with department policy, due to grade submission deadlines or extensive lab equipment setup requirements, the following experiments *are not eligible* for make-up consideration:

PHYS 101N: Experiment EX12

PHYS 102N: Experiments EP05, EP09, EP12

PHYS 103N: Experiment LSW 6

PHYS 104N: Experiments LS11, LSW 06

PHYS 111/226/231N: Experiment P12

PHYS 112/227/232N: Experiment PH12

MAKE UP LABS REQUESTED:

Exp #	Experiment Title	Date Originally Scheduled

1. Reason for absence at the originally scheduled lab meeting: *(Be specific and use reverse side if necessary.)*

2. Reason why student did not attend an alternate lab section: *(Be Specific and use reverse side if necessary.)*

Student Signature: _____

Date: _____

Lab Instructor Recommendation: (Circle One): Approve Disapprove

Course Professor Decision (Circle One): Approved Disapproved

Course Professor Signature: _____ Date: _____

Lab Instructor: If the request is approved, coordinate the scheduling of the make-up lab with the Physics Department Instructional Support Manager.

Continuation of Item 1 *(from other side or previous page):*

Continuation of Item 2 *(from other side or previous page):*