

Department of Chemistry and Biology
Laboratory Exemption Form

Part A. TO BE COMPLETED BY STUDENT

Student Name: _____ Student Number: _____
Program/Year: _____ Student Email: _____

Course in which laboratory exemption is requested: _____ Section: _____

Semester (circle one): Fall/Winter/Summer and Year: _____

Course in which laboratory was previously taken: _____

Semester (circle one): Fall/Winter/Summer and Year: _____

By signing this form, I acknowledge that my grade for this course will be based on the lecture section only and that this may place my academic record at risk.

Laboratory exemption are only granted with the approval of the instructor teaching the course in which the exemption is requested.

Laboratory exemption cannot be used in conjunction with a course substitution request.

Student signature

Date

Part B: TO BE COMPLETED BY INSTRUCTOR OF COURSE IN WHICH LABORATORY WAS TAKEN.

Instructor Name: _____ Instructor Signature: _____
Date: _____

- Check one:**
- The student's lab grade is less than 50%
 - The student's lab grade is between 50 – 59%
 - The student's lab is 60% or better

Part C: TO BE COMPLETED BY INSTRUCTOR OF COURSE IN WHICH LABORATORY EXEMPTION IS REQUESTED.

- Check one:
- I approve the laboratory exemption
 - I do not approve the laboratory exemption

Instructor Name: _____ Instructor Signature: _____
Date: _____