

PERMISSION FORM FOR RESCHEDULING OF LABORATORY WORK

Consult with your laboratory instructor to reschedule laboratory work WELL AHEAD OF TIME. Obtain that instructor's signature on this form and also the signature of the instructor whose section you wish to enter for one lab period. Upon completion of the laboratory work, obtain the second instructor's signature again, this time on the last line below. Finally, tape, glue, or staple this form in your laboratory notebook along with your laboratory report.

BEFORE LAB WORK IS BEGUN

Your name (please print legibly): _____

Your signature: _____ (date)

Reason for change:

Title of experiment to complete: _____

Change from _____ (day/date) to _____ (day/date)

Regular instructor's signature: _____ (date)

New instructor's signature: _____ (date)

AFTER LAB WORK IS COMPLETED

New instructor's signature: _____ (date)

Your signature: _____ (date)