

APPLICATION FOR CHANGE IN LAB SESSION

Section A – To Be Filled Up By Applicant

Date Apply : _____ Student ID : _____
 Name : _____
 Contact No. : _____ E-Mail : _____
 Actual Lab Group : _____ Experiment Code / Type : _____
 Subject Code & Title : _____
 Experiment Title : _____
 Laboratory Venue : _____
 Reason for change : _____
 Student Signature : _____ Actual Experiment Date : _____

| Section B –For Subject Coordinator | Section C - For Lab Staff |
|---|--|
| ----- (Signature & Stamp & Date) Application :- Approved / Rejected Comments _____ | ----- (Signature & Stamp & Date) New Lab Session Date :- _____ Joining Group :- _____ |

- * *This form is to be use for one experiment session application only.*
- * *Student must obtain approval from subject coordinator first before submitting the form to the lab staff.*
- * *Approved application must submit to lab staff at least 1 day before the intending replacement lab session day, unless of emergency case.*
- * *Approval is subject to vacancy and of case to case basis*
- * *For rejected application, student should forward their appeal to LMC Chairman.*



 Student Name : _____
 Student ID : _____ Experiment. Code / Type : _____
 Subject Code : _____ New Lab Group : _____
 Subject Name : _____ New Lab Session Date : _____

**This slip must be kept as proof of application.*

 (Lab Staff Signature & Stamp & Date)