

FACULTY OF ENGINEERING AND TECHNOLOGY APPLICATION FOR SWAPPING LAB SESSION

FET/LAB/006/ver4

Subject Code:Su	bject Name:-
_	_ Experiment Name :
Lab Venue:	Date Apply :
To Be Filled Up By Both Applicants (Students)	
Student A	Student B
Name :	Name :
Student ID :	Student ID :
Email:	Email :
Contact Number :	Contact Number :
Current Lab Group :	Current Lab Group :
New Lab Group :	New Lab Group :
New Experiment Date :	New Experiment Date :
(Signature)	(Signature) application only where both student A & B have yet to miss the lab session above. Both
tudent A & B would interchange each other lab	session.
	submitting the form to the lab staff where the venue of the experiment is held. aff at least 1 day before the intending swapping lab session day, unless of emergency cas
r rejected application, student should forward t	
Both students were present when submitti	ing the form: Yes / No. If No, which student submit the form: stud A / stud
Filled Up By Student	······································
Lab Venue:	
Subject Code:	Experiment. Code / Type :
Subject Code :Student A Name :	Experiment. Code / Type : Student B Name :
Subject Code:Student A Name:	Experiment. Code / Type : Student B Name : Student B ID :

