

Chemistry Lab Exemption Request Form

 Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registrar@msvu.ca

Section I

Student ID#	Last Name	First Name(s)		
Apartment/Street	Town/City	Province	Postal Code	
Program of Study	(____) _____ Phone Number	Mount Email Address		

Section II

LAB COURSE FOR EXEMPTION	
LAB COURSE NAME/NUMBER/SECTION	ACADEMIC YEAR: _____
	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II
	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II
	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II

Section III

PREVIOUS CHEMISTRY COURSE INFORMATION				
LAB COURSE NAME/NUMBER/SECTION	TERM TAKEN	INSTRUCTOR	OFFICE USE ONLY	
			Lab Mark	Class Mark

Section IV

LAB TO BE DROPPED			
LAB COURSE NAME/NUMBER/SECTION	TERM	FACULTY APPROVAL <i>(signature required)</i>	DATE OF APPROVAL <i>(date required)</i>

Date

Student Signature

Instructions:

1. Complete sections I, II, and III of this form and submit to the Chemistry administrative assistant (EVAR 371).
2. The administrative assistant will obtain your previous recorded laboratory/class mark and will forward the form to your current section professor.
3. If approved, your professor will fill out Section IV, and return it to you.
4. Sign and date the form yourself and submit it to the Registrar's Office for processing.

NOTE: You will not be dropped from your registered lab section until you submit this completed form to the Registrar's Office.