

Biology Lab Exemption Request Form

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

Instructions:

Section I

- 1. Complete sections I, II, and III of this form and submit to the Biology administrative assistant (EVAR 353).
- 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 must sign Section IV, and return the form to you.
- 4. Sign and date the form yourself and submit it to the Registrar's Office for processing.

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

tudent ID#	Last Name		First Name(s)	
partment/Street			vn/City Prov	ince Postal Code
vo success of Ottoday	()		unt Fascil Address	
ogram of Study	Phone Number		unt Email Address	
ection II				
urrent Course for Ex	emption (ie. BIOL 1		m (ie. 2016/FA)	
directic doubte for Ex	emption (ic. biol 1	102 01)	III (IC. 2010) 171)	
ection III				
PREVIOUS BIOLO	GY LAB INFORM	ATION T		OFFICE USE ONL
LAB NAME/NUMBER (ie. BIOL 152L)		TERM TAKEN	PREVIOUS LAB INSTRUCTOR	Lab Mark
N/				
ection IV				
	GY LAB TO BE DE	ROPPED		
		TERM	PROFESSOR'S SIGNATURE REQUIR	RED DATE OF APPROVA (date required)
CURRENT BIOLO LAB NAME/NUN (ie. BIOL :				
LAB NAME/NUN				
LAB NAME/NUN				
LAB NAME/NUN				