REQUEST FOR TRANSFER OF PREVIOUS LAB GRADE

Student Name (please print neatly): __________________________________________________

ID #: ___________________________________ Phone #: ______________________________

Course: Chem __________ Email Address: ______________________________

Previous Lab and Course Information

Previous Lecture Attended (year):  Fall 20_______ Spring 20_______ Summer 20_______

Previous Lecture Instructor: ______________________________________________________

Name of Previous Lab Instructor: __________________________________________________

To be completed by instructor or Chemistry Office personnel

Course grade: _____ Student’s Lab Points: _____ Maximum Lab Points Available: _____ = _____

Current Course Information

Current Semester: _________________ Year: 20____

Current Lecture Instructor: ______________________________________________________

Current Lecture CRN #: __________

I agree to accept the above lab grade as my lab grade of record for the current semester.

_____________________________________________ ______________________________ Date

Student Signature

For Office Use Only

Copied Instructor

Override completed