**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.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

#  For Office Use Only

|  |  |
| --- | --- |
| Copied Instructor  |   |
| Override completed  |   |