

APPLICATION FOR LAB REPLACEMENT

Section A - To be filled up by Applicant

Date of Experiment		Student ID	
Name			
Phone No			
Email			
Lab Group		Exp. Code	
Subject Code & Title			
Lab Venue			
Reason for change			

Applicant's Signature

Date

Section B - Verification/Approval/Rejection Section C - Appeal (Approval / Rejection)

Lab Staff Verification/Approval/Rejection (for time table clash, emergency and MC cases)	Appeal to Deputy Dean (Student Affair, LMC Chairman) (for application rejected by lab staff). Please attach appeal letter . Submit to faculty office
New Lab Session Date:	
Joining Group :	(Signature & Stamp)
Please Circle : Approve / Reject *	Please Circle : Approve / Reject *
Comment:	Comment:
(Signature & Stamp)	

Note:

*This form is to be use for one subject/experiment only.

*Lab replacement is only allowed for valid medical and emergency reasons. Evidence is to be shown to support the reason given.

*Please note that reasons such as overslept, misread timetables etc. are not acceptable and will not be entertained

*Students are to request replacement within 3 working days after the missed lab session day.

*Request for replacement due to clashes in timetable or any other reasons deem appropriate should be made at least 3 working days before the assigned lab date.

*Approval subject to vacancy and case to case basis.

*For rejection, student should forward their appeal to LMC Chairman (Deputy Dean , student affair)

*Decission made by faculty is final.



Student Copy

Name:.....

Student ID:.....

Date of Experiment:.....

Time of Experiment:.....

Subject/Experiment Code:.....

Group Joining:.....

.....
 Lab Staff Signature & Stamp