REQUEST FOR TRANSFER OF PREVIOUS LAB GRADE

Student Name (please print neatly):		
ID #: Phone	#:	
Course: Chem Email Addre	ss:	
Previous Lab and Course Information		
Previous Lecture Attended (year): Fall 20 Sprin	ag 20 Summe	er 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	