

Department of Chemistry and Biochemistry REQUEST FOR LAB EXEMPTION

<u>Section 1 – Contact informati</u>	<u>ion:</u>	
Family Names:	Given Names:	ID:
Phone:	E-mail:	
Section 2 – Course in which la	ab was passed:	
Course number:	When taken:	
Course professor:	Lecture section:	Lab section:
Section 3 – Course for which	exemption is requested:	
Session: S F W (circle o	ne) Requested lecture section:	
Preferred tutorial section, if a *Not all courses have tutorial		
receiving permission. If you r	ion, you will be registered for the special ex remain registered in any other section, you ersity <u>Class Schedule</u> for course-specific det	u will be required to repeat the
Signature:	Date:	
Section 4: For office use only		
Date Processed:		
Mark for lab reports:	Mark for lab exar	m, if appropriate:
Course & lecture section:	Special lab section: 56	Term & year:

Instructions:

Advisor's signature: ____

- 1. The student completes sections 1, 2 and 3 and take the form to the Department office, SP-201.01, or send it by e-mail to Lisa Montesano at chemistry.reception@concordia.ca.
- 2. Ms Scuffell obtains the previous mark, and verifies that the student is eligible for the exemption.