Lab Completion Form

This form is for (Check ✓ one): ☐ Transfer of Credit from another insti Complete Sections I and III ☐ Course taken at B.U. – Complete AL		/ lab deficiency	for course transferred	1) –
Section I				
Student's Name		Studer	nt's B.U. ID #	—— has
completed the lab portion of -	Course #		Course Title	
during the (check ✓ one) □FAL	L □SPRING	□SUMMER	Semester of	·
Section II – Course Taken at B.	U.			
Course must be taken within 1 year of It is the student's responsibility for no portion of the course has been complete.	naking the Profes	ssor of the LEC µ		aware that the LAB
The LECTURE portion of this course	will be complete	ed during the		
(check ✓one) □FALL □SPR	ING □SUMM	ER Semester	of	
(To be completed by Instructor): T	he grade for t	he lab portior	n of this course is	:
Section III				
Professor's Signature & Date		Studer	nt's Signature & Date	·
Please Print Professor's Name				