General Chemistry Experiment Make Up Form

Student Name  _________________________________

Lab Section  ________

Date of Missed Lab  ________

Title of Missed Experiment  ________________________________________________

Before You Carry Out the Make Up Experiment
The student must obtain the signatures of the following faculty in order to carry out a make up experiment.

Originating Lab Faculty __________________________________  Date ___________

Date Student was Given Pre-Lab ________   Faculty Signature ________________________

Make Up Lab Faculty __________________________________

After You Complete the Make Up Experiment

Date Experiment was Completed ___________

Make Up Lab Faculty __________________________________

After you have completed the experiment have the Make Up Lab Faculty sign your data sheets.

The Make Up Lab Faculty is to return this form and your data sheets to the Originating Lab Faculty.