REQUEST FOR TRANSFER OF PREVIOUS LAB GRADE

Student Name (please print neatly) _____________________________________________

myWSU ID #: ___________________________ Phone # _____________________________

Course: CHEM ______________ Email Address: _________________________________

Previous Course and Lab Information

Previous Lecture Attended (year): Fall 20______ Spring 20______ Summer 20_______

Name of Previous Lecture Instructor: ___________________________________________

Name of Previous Lab Instructor: ______________________________________________

TO BE COMPLETED BY INSTRUCTOR OR CHEMISTRY OFFICE PERSONNEL ONLY

Course Grade: ___ Student’s Lab Points: _____ Maximum Lab Points Possible _____ = _____ %

CURRENT COURSE INFORMATION

Current Semester: __________________________ Year: _____________________________

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 ______________