

**THE UNIVERSITY OF NEW SOUTH WALES
SCHOOL OF ELECTRICAL ENGINEERING AND TELECOMMUNICATIONS**

EXEMPTION FROM LABORATORY WORK

This form must be submitted to the Electrical Engineering and Telecommunications School Office (EEG1) for the exemption to be recorded.

The exemption will not be valid if the form is not submitted & the exemption recorded

To be completed by Student

I would like to apply for exemption from the laboratory work in:

Course No.: _____ Course Name: _____

For Session 1 ____ 2 ____

I believe that I completed the laboratory work satisfactorily in Session ____ Year ____

Student Signature _____

Date _____

Surname Name _____ Given Names: _____

Student Number: _____

Course: _____

Year/Stage: _____

To be completed by previous course Lecturer

Students lab marks: Lab 1 _____ Lab 5 _____
Lab 2 _____ Lab 6 _____
Lab 3 _____ Lab 7 _____
Lab 4 _____ Lab 8 _____

Signature: _____

Date: _____

To be completed by the current Lecturer

LABORATORY EXEMPTION APPROVED: YES ____ NO ____

Name: _____

Signature : _____

Date: _____