

Exemption from Laboratory Work

School of Electrical Engineering and Telecommunications

Student Number: _____ Program Code: _____

Family Name: _____ Given Names: _____

The course you wish to apply for exemption from the laboratory work:

Course Code	Course Name	Prefer tutorial class number	Enrolment Session /year

How many times have you attempted this course so far?

When was your last time that you did this course?

What was your latest final result?

Please explain the reason that you want to be exempted from laboratory work of the above course:

Student's signature: _____ **Date:** _____

To be completed by previous course lecturer

Students lab marks: Lab 1 _____ Lab 2 _____ Lab 3 _____ Lab 4 _____

Lab 5 _____ Lab 6 _____ Lab 7 _____ Lab 8 _____

Total lab mark is _____ out of _____

Comments: _____

Previous Lecturer's Signature: _____ **Lecturer's Name:** _____ **Date:** _____

To be completed by current course lecturer

Laboratory Exemption approval: Yes No

Comments: _____

Current Lecturer's Signature: _____ **Current lecturer's Name** _____ **Date:** _____

Student enrolled: Yes / No Student notified by e-mail: Yes / No

Name of School Office staff: _____ staff's signature: _____ Date: _____