Lab Completion Form

This form is for (Check □ one):
☐ Transfer of Credit from another institution (To satisfy lab deficiency for course transferred) - Complete Sections I and III
☐ Course taken at B.U. - Complete ALL Sections

Section I

_________________________________________  ____________________________ has completed the lab portion of
Student's Name                  Student's B.U. ID #

_________________________________________  ____________________________
Course #                    Course Title

during the (check □ one)  ☐ FALL  ☐ SPRING  ☐ SUMMER  Semester of  _________ .

Section II - Course Taken at B.U.

* Course must be taken within 1 year of Lab completion.
* It is the student’s responsibility for making the Professor of the LEC portion of the course aware that the LAB portion of the course has been completed by presenting a copy of this form.

The LECTURE portion of this course will be completed during the

(check □ one)  ☐ FALL  ☐ SPRING  ☐ SUMMER  Semester of  _________ .

(To be completed by Instructor): The grade for the lab portion of this course is: __________

Section III

_________________________________________  ____________________________
Professor’s Signature & Date                  Student’s Signature & Date

_________________________________________
Please Print Professor’s Name

Please return completed form to the Undergraduate Records Office at
44 Cummington Mall, Room 107