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

__________________________________________   ___________________________
Student’s Name                     Student’s B.U. ID #

completed the lab portion of     __________________________
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