

FACULTY OF ENGINEERING AND TECHNOLOGY
APPLICATION FOR SWAPPING LAB SESSION

FET/LAB/006/ver2

Subject Code & Name : _____

Exp. Code : _____ Exp. Name : _____

Lab Venue : _____ Date Apply : _____

To Be Filled Up By Both Applicants (Students)

Student A	Student B
Name : _____	Name : _____
ID : _____	ID : _____
Email : _____	Email : _____
Contact Number : _____	Contact Number : _____
Current Lab Group : _____	Current Lab Group : _____
New Lab Group : _____	New Lab Group : _____
New Experiment Date : _____	New Experiment Date : _____
----- (Signature)	----- (Signature)

* This form is for one type of experiment swapping application only where both student A & B have yet to miss the lab session above. Both student A & B would interchange each other lab session.

* Advisable both students should be present when submitting the form to the lab staff where the venue of the experiment is held.

* Student must submit the complete application form to the lab staff before the earliest date of the intended switch.

* For rejected application, student should forward their appeal to LMC Chairman.

Both students were present when submitting the form : Yes / No. If No, which student submit the form : stud A / stud B

Lab Venue : _____

Subject Code : _____ Experiment. Code / Type : _____

Student A Name : _____ Student B Name : _____

Student A ID : _____ Student B ID : _____

Student A New Lab Group : _____ Student B New Lab Group : _____

(Lab Staff Signature & Stamp & Date Received)

*This slip to be retained by either student