MULTIMEDIA UNIVERSITY

APPLICATION FOR LAB REPLACEMENT

Section A - To be filled up by Applicant

Date of Experiment		Student ID	
Name			
Phone No			
Email			
Lab Group		Exp. Code	
Subject Code & Title			
Lab Venue			
Reason for change			

Applicant's Signature ……..

Date ……..

Section B - Verification **Section C - Approval / Rejection**

Verification by Lab Staff	Verification by Subject Coordinator
New Lab Session Date: …… *Joining Group : ……*	*(Signature & Stamp)*
(Signature & Stamp)	Please Circle : Approve / Reject * Comment:

Note:

**This form is to be use for one subject/experiment only.*

**Lab replacement is only allowed for valid medical and emergency reasons. Evidence is to be shown to support the reason given.*

**Please note that reasons such as overslept, misread timetables etc. are not acceptable and will not be entertained*

**Students are to request replacement within 3 working days after the missed lab session day.*

**Request for replacement due to clashes in timetable or any other reasons deem appropriate should be made at least 3 working days before the assigned lab date.*

**Approval subject to vacancy and case to case basis.*

**Decission made by subject coordinator is final.*

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

A TM University

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Student Copy

Name:……..

Student ID:……

Date of Experiment:……..

Time of Experiment:……..

Subject/Experiment Code:……

Group Joining:……

……..

Lab Staff Signature & Stamp

A TM University