



MULTIMEDIA UNIVERSITY

FACULTY OF ENGINEERING AND TECHNOLOGY

FET/LAB/005/ver3.2

FET Lab Report Submission Cover Page

Section A – Filled Up By Student

Student Name : _____

Student ID : _____ Academic Year : Beta / Gamma / Delta / Epsilon

Subject Code & Name: _____

Workstation No : _____ Lab Group : _____ Student Major : DEE / DME / ME / RE / TE

Experiment Name : _____

Experiment Code / Type : _____ Date Of Experiment : ____/____/ ____

Lab Instructor’s Name: _____

Section B – Filled Up By Lab Staff/Instructor

Lab Report Received Date : ____/____/ ____

(Name / Sign / Stamp) – whenever is applicable

Remarks :

Section C– By Academician

MARKS :

Remarks :

This slip to be kept by student as proof of submission

Section D – Filled Up By Student

Student Name : _____

Student ID : _____ Lab Group : _____

Experiment Name : _____

Experiment Code / Type : _____ Subject Code : _____

Section B – Filled Up By Lab Staff/ Instructor

Lab Report Received Date : ____/____/ ____

(Name / Sign / Stamp) – Whenever is applicable

** Student kindly get this slip from lab staff/Instructor upon submission of lab report as proof of submission **

