

MAKEUP AUTHORIZATION for LAB EXPERIMENT

Name: _____

E-mail: _____ @ purdue.edu Lab Div _____

Sequence (ID) number of the lab experiment that will be/was missed (1-13): _____

Date of scheduled lab you will be/were unable to attend: _____

Date of evening office hour session you plan to make up the missed lab: _____

Reason for missing scheduled lab (official documentation must be attached):

"In signing this statement, I hereby certify that the reason given for requesting a make-up lab is true. I understand that if the reason I have given proves to be false, I will receive a score of zero for the lab I have missed."

Signature: _____ Date: _____

Authorized by: _____ Date: _____

Makeup Lab Score: _____ Date Makeup Completed: _____

Lab Staff Signature: _____

Submit a signed copy of this form to your lab instructor at least 24 hours in advance of your planned makeup date. Note that all makeups for a given experiment must be completed within one week of the scheduled lab period that was missed.