



Current Lab class Number

College of Chemical Sciences

## Laboratory Transfer Fee Waiver Form

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*To be filled by the student*

Name:

Registration Number:

Level:

Laboratory class (Circle one) :      GC    AI    AO    AP    BI    BO    BP

Do you wish to transfer to another ongoing class or a class or a class which will be commenced in future?

Request to transfer from

to

(Number of the practical class)

Date of request

Date of transfer / stopping the current class:

Reason for the request (evidence must be attached):

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*To be filled by the TA in-charge*

As per the date of request

Lab sessions held:

Sessions attended:

Number of sessions absent:

Number of sessions without report submission:

Whether the request made two weeks prior to the transfer date (circle appropriate): YES / NO

Current Lab class Number

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***To be filled by the Senior Lecturer in-charge***

Please cross out the inappropriate

I recommend / I do not recommend to waive the transfer fee for the requested transfer.

Name of the Senior Lecturer in-charge:

Signature:

Date:

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***To be filled by the Dean of the College of Chemical Sciences***

Please cross out the inappropriate

I approve / I do not approve the waiver of the transfer fee for the requested transfer.

Name of the Lab Coordinator:

Signature:

Date:

***A copy of this form should be submitted to the TA in-charge of the current lab class and the original must be kept with the student.***