

## Required Lab Observation



\*\*\* Requirement: An application must be completed in your file

\*\*\* Observation form must be turned in before the application deadline

Please print this form once an observation appointment has been scheduled

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Lab Course Observed: \_\_\_\_\_

Lab Course Instructor: \_\_\_\_\_

Total Hours Observed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_

Instructor Signature \_\_\_\_\_