

Required Classroom / 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: _____