

PRACTICAL CLASS REQUIREMENT INFORMATION FORM

A. PRACTICAL INFORMATION

Lecturer's name: _____

Telephone Nu. : _____ e-mail: _____

Campus : ☐ Besut ☐ Gong Badak ☐ Perubatan

Faculty: _____

Laboratory involved: _____

Name of Programme: _____

Course Name/ Course Code: _____

Nu. of Students: _____ Nu. of Practical Slot: _____

Signature & Stamp: _____ Date: _____

* Please complete the practical design table and **include the practical manual**.

* The completed form must be submitted to the CLMC's office at least 30 days before the commencement of the course.

B. VERIFICATION

It is confirmed that the practical is conducted for that programme.

Programme Coordinator/ Head of School,

Signature & Stamp: _____ Date: _____

C. PRACTICAL DESIGN

Name/ Course Code:

Session:

WEEK	DATE	PRACTICAL TIME	NU. OF STUDENTS/ GROUP	IVENTORY	APPARATUS	CONSUMABLE MATERIALS	CHEMICALS/ REAGENTS	PROCEDURE (Demonstration/ Hands-on)