

STREAMING FORM - PSYCH 109.

You must do **ONE** two-hour laboratory session. Please see the attached sheet for session times and important information.

*If you have **exceptional** circumstances such as childcare and/or work commitments and must attend a laboratory at a specific time, please get a pink form immediately. Each request will be considered on its merits.*

Please note you must fill in **FOUR** choices on this form. If you do not complete all four choices your form **WILL NOT** be processed.

NAME: _____

ID NUMBER: _____

My preferred laboratory time is: Day: _____ Time: _____

My 2nd choice for a laboratory time is: Day: _____ Time: _____

My 3rd choice for a laboratory time is: Day: _____ Time: _____

My 4th choice for a laboratory time is: Day: _____ Time: _____

Please be aware that you MAY NOT necessarily be given your first choice laboratory time. For this reason please make sure that all of your choices fit in with your timetable.

PLEASE SEE BACK OF SHEET FOR THE LAB TIMETABLE

IMPORTANT INFORMATION

PLEASE KEEP THIS SHEET!

- **MAORI AND PACIFIC ISLAND STUDENTS:**
There is one laboratory stream available for Maori and Pacific Island Students. This will be run on a Monday from 11-1pm.
- Class times will be posted in a document available on Cecil (www.cecil.edu) on the evening of Monday 3rd March. Please check your times.
- If you are unable to be streamed the code “CBS” will appear next to your name. You will need to attend a re-streaming session. For details on when these sessions will be, please consult Cecil.
- Laboratories will start in the second week of the semester and will be held in either HSB 336 OR 337. Please check the room of your laboratory class.
- Don't forget that you will need a LABORATORY MANUAL. See the course handout for information on where to get one.
- I have chosen the following times for my laboratory classes:

First Choice Laboratory: Day: _____ Time: _____

Second Choice Laboratory: Day: _____ Time: _____

Third Choice Laboratory: Day: _____ Time: _____

Fourth Choice Laboratory: Day: _____ Time: _____

Please hand in your completed form **immediately** AND **KEEP**
THIS sheet as it contains important information.

LABORATORY TIMES

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
8-9					
9-10		Tuesday 8-10	Wed 8-10		
10-11				Thurs 9-11	Friday 9-11
11-12	Monday 11-1	Tuesday 11-1	Wed 11-1	Thurs 11-1	
12-1	MPI stream				
1-2	Monday 1-3	Tuesday 1-3	Wed 1-3	Thurs 1-3	
2-3					
3-4	Monday 3-5	Tuesday 3-5	Wed 3-5	Thurs 3-5	
4-5					
5-6				Thurs 5-7	
6-7	Monday 6-8	Tuesday 6-8	Wed 6-8		
7-8					