

# **TIMETABLE CONCESSION FORM PSYCH 109.**

This form is for students who must attend a laboratory class at a specific time due to **exceptional** circumstances. Such circumstances might include childcare and/or work commitments that cannot be altered.

NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

**Please see the back of this form for laboratory times.**

*I must attend the laboratory class on:* Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Please explain briefly, the exceptional reason/s, as to why you must attend the laboratory time you have chosen.**

**Please provide us with the name and contact details of a person who is able to verify this. For example, if you are working, the name and contact details of your employer.**

## LABORATORY TIMES

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
8-9		Tuesday 8-10	Wed 8-10		
9-10				Thurs 9-11	Friday 9-11
10-11					
11-12	Monday 11-1 MPI stream	Tuesday 11-1	Wed 11-1	Thurs 11-1	
12-1					
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					