



Lab Exploration Plan

Fall 2017 lab exploration period: August 21 – October 13, 2017

Student Information

Name: _____ EID: _____

Email: _____

Exploratory Labs

- Lab 1 Faculty Supervisor

Name: _____

Begin date MM/DD: _____ End date MM/DD: _____

Signature: _____ Date: _____

- Lab 2 Faculty Supervisor (optional)

Name: _____

Begin date MM/DD: _____ End date MM/DD: _____

Signature: _____ Date: _____

- Lab 3 Faculty Supervisor (optional)

Name _____

Begin date MM/DD _____ End date MM/DD _____

Signature _____ Date: _____