

LABORATORY QUESTIONNAIRE

SECTION 1

SURNAME		FIRST NAME(S)	
STUDENT	1/		
ID T		Vhat name vould you like	
NUMBER	t	be called by?	
COURSE	LAB SEC	LOCKER NUMBER _ (T	o be assigned when you arrive in the lab)
Have you enrolled in a chemistry lab at Capilano University within the last three years? Yes \(\Boxed{\omega} \) No \(\Boxed{\omega}			
If you answered Yes to the above question, the questionnaire is now complete. ◀			
If you answered No to the above question, please complete SECTION 2 below: ◀			
If you answered No to the above question, please complete SECTION 2 below.			
SECTION 2			
Complete this section only if you answered No above			
Where and when did you LAST complete a chemistry course at an institution other than Capilano University?			
Select from the following:	Name of Institution?	Was there a lab component? Yes ☐ No ☐	
-		Were the labs performed:	
High School	City/Province/Country: Individually?		
Chem 12	City/Province/Country.	Individually?	
Chem 11		In pairs or groups?	
Other		As a de	emonstration?
College		Approximately how many labs did you do in one semester?	
University		Less than 5	
Other		5-10	
Course #	Year completed	More than 10	
SECTION 3			
E-Mail:			For Instructor Use:
You should regularly check your Capilano University e-mail account for			
messages from your instructors.			
If you do not check your university e-mail regularly, you should set up mail- forwarding to an alternate address. We will not send e-mail to any e- mail address other than your university account.			
Your Capilano University e-mail address, should normally take the form:			
firstnamelastname@my.capilanou.ca			