



Hennepin Technical College™

SPECIALIZED LAB TRAINING AGREEMENT

Instructor permission is required to register for Specialized Lab. This form must be submitted to Enrollment Services at the time you are registering for the course.

Please Print

Student Tech ID: _____ Date: _____

Student Name: _____
Last Name *First Name* *Middle Name*

Year: _____ Fall Semester Spring Semester Summer Term

Total Credits: _____ (must not exceed 4 credits, and will be determined by the course instructor) _____ 1900 (Specialized Lab) Course ID # _____
SUBJ

One grade will be assigned for the total number of credits attempted. Thirty-two (32) hours of lab time will be assigned by the instructor for each Specialized Lab credit.

Course Objectives

A minimum of one objective will be listed below for each credit. Each course objective must state:

(A) what the student will be learning, and (B) the level of performance expected

1. (A) _____

(B) _____

2. (A) _____

(B) _____

3. (A) _____

(B) _____

4. (A) _____

(B) _____

Comments

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____