

MDL LAB PACKET

Course _____ Exercise _____

Faculty member in charge _____ Phone _____

Assistant _____ Phone _____

Total number of students _____ Setups/room _____

Comments _____

Date(s) of experiment	Number of rooms	Setups per room	Time start	Time finish

Date of trial run (if applicable) _____

Time of trial run _____ Number of setups _____

Comments _____

Date received in MDL _____