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Student Name: \_\_\_\_\_

Student Number \_\_\_\_\_

Partner's Name and Student #: \_\_\_\_\_

Demonstrator's Name: \_\_\_\_\_

PLEASE NOTE: If ANY of the above information is UNCLEAR or not provided, your grade will NOT be recorded!!

Lab Day (circle): \_\_\_\_\_

Lab Week (circle): \_\_\_\_\_

## Laboratory Report Form

### Experiment 2.

### Determination of Avogadro's Number

#### Checklist:

- Raw Data Sheet written in pen, signed by TA and attached
- Report Form completed in pen (or typed) and attached

Student's Initials \_\_\_\_\_