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Version : 01
Revision : 00
Workstation: Laboratory Office
Effective: 01/12/2019

الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
Garden of Knowledge and Virtue

KULLIYYAH OF NURSING

POSTGRADUATE CLEARANCE FORM

A.	APPLICANT'S DETAIL INFORMATION
	Name of Requestor :
	Staff/Matric No. : Contact No.:
	Position :
	K / C / D / I / O :
	Programme/Project/Course Name : **Please attach a copy of your programme letter*
	Start Date : End Date :

B. REQUIRED ITEMS DETAIL

NO.	DESCRIPTION	REMARKS
1.	All glassware have been cleaned and returned.	
2.	Working place and storage area had been cleaned properly and all borrowed apparatus/unused chemicals or consumable have been returned.	
3.	Key/access card has been returned.	

E. ACKNOWLEDGEMENT BY LABORATORY OFFICE

☐ Approved ☐ Not Approved

Remarks : _____

Signature: _____

Stamp: Date:

F.	ACKNOWLEDGEMENT BY LABORATORY COORDINATOR
	☐ Approved ☐ Not Approved Comment: _____ Signature: _____ Stamp: Date:

**Note : - Please attach the copy of the Laboratory Booking Form.*
- Please keep a copy for your reference.