



LABORATORY MANAGEMENT OFFICE
KULLIYAH OF SCIENCE

BOOKING OF LABORATORY FOR SPECIAL TASK FORM

Note: Please fill up this form if you intend to use any laboratories/rooms /instruments or any other research facilities after office hours.

A. Applicant's Details Information

Name : _____
Matrix/Staff No. : _____ Contact No. : _____
Dept. / Kull. / Ins. : _____
Project Title : _____
Supervisor : _____
Co-supervisor (if any) : _____

B. Please state in which laboratory you will be working.

No.	Laboratory Use	Equipment Use	Date	Time		Remarks
				From	Until	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*Limited to a maximum of 7 consecutive days per each request.

*Please fill in the logbook at the Security Office Kulliyah of Science before using the laboratory after office hours.

I hereby certify that I will adhere to all the rules and regulations stipulated in the "Kulliyah of Science Laboratory Management Handbook".

Requested by;

Name:
Date:

Recommended by;

Approved by;

Sign & stamp
(Supervisor/Co-Supervisor)
Date:

Sign & stamp
(Head of Laboratory/Science Officer)
Date:

*Note: Please submit the original form to the Science Officer.
Please keep a copy of this form for your reference.*