



Ref No: IIUM/307/4/23/1/11
Revision: 01 (2023)
Effective Date: 02 Oct 2023

**LABORATORY MANAGEMENT OFFICE
KULLIYAH OF SCIENCE**

LABORATORY AUTHORIZATION BOOKING FORM

A. Applicant's Detail Information

Name : _____
Matrix/Staff No. : _____ Contact No. : _____
Dept. / Kull. / Ins. : _____ Position : _____
Request Date (from) : _____ Date (till) : _____
Project Title : _____
Type of Application : ☐ New Application ☐ Change Cardholder Info. ☐ Add/Delete Access ☐ Replace

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

No.	Laboratory	Purpose/ Instrument use	PIC	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				

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
(Science Officer)
Date:

For Laboratory Office Use Only

ID No. (access card only) : _____ Issued by : _____

*Note: Please submit the complete application form at least 7 days before.
Please submit the original form to the Science Officer.
Please keep a copy of this form and attach it with the Clearance Form.*