

**LABORATORY MANAGEMENT OFFICE
KULLIYAH OF SCIENCE**

LABORATORY AUTHORIZATION FORM

Note: The complete Laboratory Authorization Form needs to be submitted at least 7 DAYS BEFORE.

A. Applicant's Detail Information

Name : _____
 Matrix/Staff No. : _____ Position : _____
 Contact No. : _____ Email Address : _____
 Dept. / Kull. / Ins. : _____
 Project Title : _____
 Supervisor/Co-sv : _____
 Request Date (from) : _____ Date (till) : _____
 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				

I hereby certify that I will adhere to all the rules and regulations the Kulliyah of Science posed on me as 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 original form to the Science Officer.
 Please keep a copy of this form and attach it with the Clearance Form.