AFTER OFFICE HOURS LAB USAGE FORM

Application form should be submitted to the CLMC's office **at least 3 days** before using the laboratory and it will be considered if there are at least 3 applications to use the laboratory on the same time.
An undergraduate student <u>MUST BE</u> accompanied by supervisor when working in the laboratory after office hour.
Include all the details of for the work that you are planing to do on that day. If the space is not enough, please attach the detail.

A. APPLICANT INFORMATION

Applicant's name   :_____

Matric Nu. / Staff Nu. :_____ Telephone Nu. : _____

Accompanied by   : (Supervisor/ Postgraduate student)_____

B. APPLICATION INFORMATION

Laboratory   :_____

Campus   : ☐ Besut   ☐ Gong Badak   ☐ Perubatan

Date/ Day   :_____

Time   :_____
(Sunday – Thursday: 4.45pm – 7.00pm ; Friday & Saturday : 8.00am-7.00pm)

C. PURPOSE *(Include the detail)*

Research Project & Equipment that will be used	

D. CERTIFICATION

*I hereby acknowledge the following terms;

i. Will be responsible for the safety of laboratory that I will apply/use. The laboratory hygiene is ensured and will comply all the established laboratory rules and regulations
ii. Will report orally or in writing immediately for any damage/broken/loss of the equipment to the laboratory management. The laboratory management reserves the right to ask for the payment if the equipment is damaged/ broken/loss during utilization.

Applicant Signature: _____   Date: _____

E. VERIFICATION

It is confirmed that the student is under my supervision and need to use the laboratory facilities/ equipment on that time.

Supervisor,

_____   Date: _____
Signature & Stamp

F. APPROVAL

Application   : ☐ Approved   ☐ Not Approved

In-Charge Officer :_____ Note :_____

Laboratory Coordinator/ In-Charge Officer,

_____   Date : _____
Signature & Stamp

| Record No. |
| _____/_____ |

G. APPROVAL (Student's copy)

Application   : ☐ Approved   ☐ Not Approved

In-Charge Officer :_____ Note :_____

Laboratory Coordinator/In-Charge Science,

_____   Date : _____
Signature & Stamp

| Record No. |
| _____/_____ |

**Applicant is required to fill the needed information below*

1. Applicant's name   :_____

2. Matric Nu./ Staff Nu :_____ Telephone Nu.: _____

3. Laboratory   :_____

4. Date/ Day   :_____

5. Time   :_____to _____