

## Laboratory Usage Application Form

<b>Details of Applicant</b> (Note: ONLY those who pass safety training can work in the laboratory. Students MUST under supervision of faculty/instructor when working in the laboratory.)		
Supervisor in Charge		Net ID:
Laboratory of Usage	Room	
Duration of Usage	From: Time	/Day / Month / Year
	To: Time	/Day / Month / Year
Names of Participants		Net ID:
<b>Research Name &amp; Plan</b>		
<b>Experimental Techniques and Equipment Needed</b>		
<b>Reagents Needed</b>		
<b>Waste</b>		
<b>Additional Information</b>		
Applicant's Print Name	Signature	Date
Supervisor's Print Name	Signature	Date