

Laboratory Usage Application Form

Details of Applicant (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		
Research Name & Plan		
Experimental Techniques and Equipment Needed		
Reagents Needed		
Waste		
Additional Information		
Applicant's Print Name	Signature	Date
Supervisor's Print Name	Signature	Date