



LABORATORY BOOKING FORM

Applicant Information		
Name : _____	Matric No: _____	
Laboratory's name: _____		
Study level: _____	HP No.: _____	
Department: _____		
Supervisor's Stamp & Signature (if applicable): _____		
Booking Information		
Time Slot	* Please select time slot and write the slot number in the specified location.	
1 8.30am – 10.00am	3 11.30am – 12.45pm	
2 10.00am – 11.30am	4 2.00pm – 3.30pm	
	5 3.30pm – 5.00pm	
	6 5.00pm - 6.30pm	
	7 8.00pm – 9.30pm	
	8 9.30pm – 11.00pm	
OTHERS (Please state date and duration) :		
Date	Time Slot No	Purpose
Information on Equipment/PC to be Utilised (fill in any identification number ie serial number etc)		
I have read, understand and will abide by the laboratory rules and safety regulations and shall be responsible on any equipment/PC used and lab security during my presence.		
Requested by : (Signature & Name)		Date :
For Office Use		
Received by (Signature & Stamp): ECE Lab person in-charge	Approved by (Signature & Stamp): HOD/ECE Lab Coordinator / Engineer	
Remark/Comment :		