



**KULLIYAH OF ENGINEERING
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

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	5 3.30pm – 5.00pm	7 8.00pm – 9.30pm
2 10.00am – 11.30am	4 2.00pm – 3.30pm	6 5.00pm - 6.30pm	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 :			