



KULLIYAH OF SCIENCE

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

OUT CAMPUS FIELD SAMPLING/OTHERS REQUEST

Section 1- This section is to be filled by the applicant.

A. Applicant's Detail Information

Name : _____
Staff No. : _____
Department : _____ Designation : _____
Contact No. : _____ Email : _____
Purpose : _____

B. Activity Details

Date	Time		Total Hours	Location
	From	Until		

C. List of Student(s) (If Any)

Name	Matrix Number

(Please use attachment if space is insufficient)

D. List of Instrument(s)

Instrument Name/Descriptions	Serial #	Remarks

(Please use attachment if space is insufficient)

E. List of Lab Staff Involved

Name	Department	Approval from Lab.Coordinator

(Please use attachment if space is insufficient)

Section 2 – Approval

I hereby certify that I will adhere to all the rules and regulations posed on me by Kulliyah of Science. In case of accidents or damage caused to the people or instrument under my supervision due to my misconduct or negligence, I will be held responsible.

Requester;

Approved by;

(Lecturer/Supervisor/Coordinator)
Date:

(Head of Department)
Date:

- cc Science Officer
 Lab Assistant
 Liaison Officer