



KULLIYAH OF SCIENCE

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

BOOKING OF LABORATORY FOR SPECIAL TASK FORM

Note: Please fill up this form if you are intending to use any laboratories/rooms /instruments or any other research facilities after office hours.

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

A. Applicant's Detail Information

Name : _____
Matrix/Staff No. : _____ Contact No. : _____
Department/Kulliyah : _____
Project Title : _____
Supervisor : _____
Co-Supervisor (if any) : _____
Request Date : _____
Lab/Equipment Use : _____

B. Details of Request

Date	Time		Total Hours	Remarks
	From	Until		

***Limited to maximum 7 consecutive day per each request.**

***Please fill the log book at security office Kulliyah of Science before use the laboratory after office hour.**

I hereby certify that I will adhere to all the rules and regulations posed on me by Kulliyah of Science as stipulated in the "Rules for Undergraduate and Postgraduates Working in Laboratories".

Recommended by;

Approved by;

(Supervisor/Co-Supervisor)
Date:

(Head of Department/ Science Officer)
Date: