



KULLIYAH OF SCIENCE

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

LABORATORY BOOKING FORM

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

A. Applicant's Detail Information

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

B. Please state in which laboratory you will be working.

No.	Laboratory	Purpose	Assistant Science Officer/Laboratory Assistance in Charge	Signature

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".

Requested by;

Name:
Date:

Recommended by;

Approved by;

(Supervisor/Co-Supervisor)
Date:

(Science Officer)
Date:

***Note: Please submit the original form to the Science Officer.
Please keep a copy of this form and attach with the Clearance Form.**