Request Form

**EXTENSION OF USE OF LABORATORY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Laboratory/Room: |  |  |  | Experiment Title: |  |  |
| Subject: |  |  |  | Instructor: |  |  |
| Schedule: |  |  |  | Date of Actual Use: |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In | | Out | | Purpose | Remarks of  Laboratory Technician |
| Time | Technician’s Signature | Time | Technician’s Signature |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name(s) and Signature(s) of Group Member(s): (may |  | Conforme: |  | Endorsed by: |
| be continued at the back) |  |  |  |  |
|  |  | Signature over Printed Name |  | Signature over Printed Name |
|  |  | of Laboratory Technician |  | of Instructor |
|  |  |  |  |  |
|  |  | Approved by: |  |  |
|  |  |  |  |  |
|  |  | Signature over Printed Name |  | Signature over Printed Name |
|  |  | of Laboratory Manager |  | of Department Chair |