The Center for Scientific and Technological Equipment

Equipment and Laboratory Request Form for Thesis Work

1. Course ___________________Course Number ____________________Credit ____________________

2. Thesis Title ___________________Course Number ____________________Credit ____________________

(Attach the approved thesis proposal)

3. Thesis Advisor
   3.1 __________________________
   3.2 __________________________

4. Student Name
   4.1 __________________________
   4.2 __________________________

5. Starting of thesis work period, Date ____________ Month ____________ Year ____________

6. Ending of thesis work period, Date ____________ Month ____________ Year ____________

7. Total thesis work duration ____________ Month(s) _______ Day(s)

Timetable (fill up the work schedule)

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<tr>
<th>Date</th>
<th>Monday</th>
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<th>Saturday</th>
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8. Required Equipment __________________________

9. Additional Note __________________________

10. Contact info: email: __________________________

FM-4MU-04/Rev.No.2/01/7/54

Note
1) Timetable should not overlap with regular laboratory class schedule in each term.
2) Should clearly indicate equipment and room number.
3) Please notify the CSTE's staff at least 3 working days before the intended usage date.
4) If the form is not completely filled, the CSTE reserves the right to send the form back to the school.