Equipment and Laboratory Request Form for Thesis Work

The Center for Scientific and Technological Equipment

1. Course __________________________ Course Number __________________________ Credit ______

2. Thesis Title ____________________________ (Attach the approved thesis proposal)

3. Thesis Advisor
   3.1 Assoc. Prof. Dr. Sineenat Siri

4. Student Name
   4.1 Khairia Lubis ID No. D5710089 School of Science

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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8. Required Equipment
   - U-vis spectrophotometer, SEM, TEM, Laser particle size analyzer

9. Additional Note
   - X-ray fluorescent (XRF), Nano Drop (P94416), XRD (P10201), FTIR (P10201)

10. Contact info: email: khairia @ yahoo.com Tel. 0968376133

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.