UNIVERSITY OF MAURITIUS

Application Form for Accessing Laboratories After Normal Office Working Hours

To : Dean …….. Date:……

Thro' : HoD …….. Date: ……

Thro': Project Supervisor …… Date : ……

1. To be filled by the applicant

Name: ----------

Programme/Title of Study:

Please tick as appropriate.

Postgraduate Taught □ / MPhil □ PhD □ FT □ PT □ RA □ TPA □

Contact details (Mobile number and Email): ----------

a. **Laboratories Requested:** ----------

b. **Accessing Days and Time:** ----------

C. **Duration of Lab Use : ----------**

Justify Reasons for Use of Labs after working hours:

Full details of work to be carried out, equipment chemicals and samples to be used prior to discussion with respective supervisors with justifications *(PI use additional sheet if required).*

Signature:

PTO

2. To be filled by Senior Lab Officer/Lab Officer

a. Arrangements made

Laboratories	Laboratory Officer/Senior Technical Assistant /Technical Assistant	Supervisor(s)	Safety Precautions

Other Comments:

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associated:---

Level (s)of Approval Required (Supervisor/HoD/Dean0

Name: ..... **Signature:**

Designation: ----------
Date:.....

Name: ..... **Signature:**

Designation: ----------
Date:.....

Name: ..... **Signature:**

Designation:----------