

**Lab Usage Request Form****1. USER DETAILS:** Teaching Research Grant no. : _____

Name of main contact:	Click here to enter text.	Name of Course/Project:	Click here to enter text.
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School/ department/ Institution:	Click here to enter text.	Contact number:	Click here to enter text.
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Email Address:	Click here to enter text.
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Please list any other researchers involved in the project:	Click here to enter text.
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2. OVERVIEW OF THE COURSE/RESEARCH**3. REQUIREMENTS FROM THE LABORATORY:**

How many participants will be needed (number per session and total)?	
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How many laboratory will be required? Which room (suggest the room that user think most appropriate. If the demanded room is not available we will negotiate other options)?	
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How much laboratory time will be required (number of sessions, length of each session)?	
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What dates do you prefer (if these are not available we will negotiate other options)?	
What software does your experiment use (what program and if any programming is required)?	
Will you come to the laboratory before your first working session to test run (If yes, when)?	
Will you need any additional help running your experiments (if any)?	
If you are doing research, please provide the following document:	1. Project proposal (brief version) 2. Ethics approval from XMUM or home institute (if relevant)
<p>_____</p> <p>Applicant: HOD: Date: Date:</p>	
=== FOR OFFICE USE ONLY ===	
Comment by Laboratory Management Office:	
Approval by Academic Office:	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
<p>_____</p> Name: Date:	