**REQUEST FORM FOR PRACTICAL TEACHING ACTIVITIES**

*(Equipment)*

Lab course: Teaching Semester:

Lab instructor’s full name: Phone No.:

TA’s full name: Phone No.:

Working duration: Number of students:

Experiment: Date of submission:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Labwares** | **Quantity** | **Project/assignment** | **Note** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
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| --- | --- |
| **FOR REQUESTER** | **FOR LAB TECHNICIAN** |
| Name of Requester: | Name of Technician:  |
| Requester’s signature: | Date of stock out: |
| Date of receive: | Lab Technician’s signature: |
| Requester’s signature: | Date of receive: |
| Date of return: | Lab Technician’s signature: |
| Requester’s signature: |  |