MAPUA UNIVERSITY	LABORATORY RESERVATION FORM FOR STUDENTS	Document No. : FM-LM-01-04 Effective Date: November 2, 2021

☐ ILMO Laboratory Room/Facility _____ ☐ Apparatus/Equipment/Tools

Name of Student and Student No.:	School/Department:	Date Applied:
Confirmed by Laboratory Technician: Signature over Printed Name	Date and time of use:	
Purpose: (Course Code / Thesis/Research Title / Investigatory/Special Project Title)		

	Quantity	Apparatus/Equipment/Tools		Quantity	Apparatus/Equipment/Tools
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

I/We hereby acknowledged that I received the above equipment in good condition. I/We am/are responsible for any damage to and/or loss of equipment or injury to persons arising from its use.

Requested by:	Noted by:	Recommended by:	Approved by:
Student Signature over Printed Name	Adviser / Faculty Signature over Printed Name	Dean / Program Chair Signature over Printed Name	ILMO Director Signature over Printed Name