

REGISTRATION FORM FOR PROBATIONARY LABORATORY TRAINING

User name: _____ Student number / Title: _____

Student instructor (as assigned by supervisor in the ICMS Laboratory Registration Form): _____

No.	Date	In time	Out time	Time	Student instructor signature	Remark
1	/	:	:			
		:	:			
		:	:			
2	/	:	:			
		:	:			
		:	:			
3	/	:	:			
		:	:			
		:	:			
4	/	:	:			
		:	:			
		:	:			
5	/	:	:			
		:	:			
		:	:			
6	/	:	:			
		:	:			
		:	:			
7	/	:	:			
		:	:			
		:	:			
8	/	:	:			
		:	:			
		:	:			
9	/	:	:			
		:	:			
		:	:			
10	/	:	:			
		:	:			
		:	:			
Total time		hours		Supervisor : _____ (requires signature of full-time (permanent) academic staff)		

Remark: 1. Student instructor should be responsible for all the activities and safety of the above-mentioned new user.

2. New student/user must be accompanied by an authorized student instructor at all time while in the laboratory. The student instructor must complete and sign this form when the new student/user completes the experiment works and exits the laboratory.

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No.	Date	In time	Out time	Time	Student instructor signature	Remark
11	/	:	:			
		:	:			
		:	:			
12	/	:	:			
		:	:			
		:	:			
13	/	:	:			
		:	:			
		:	:			
14	/	:	:			
		:	:			
		:	:			
15	/	:	:			
		:	:			
		:	:			
16	/	:	:			
		:	:			
		:	:			
17	/	:	:			
		:	:			
		:	:			
18	/	:	:			
		:	:			
		:	:			
19	/	:	:			
		:	:			
		:	:			
20	/	:	:			
		:	:			
		:	:			
21	/					
Total time		Hours		Supervisor : _____ (requires signature of full-time (permanent) academic staff)		

Remark: 1. Student instructor should be responsible for all the activities and safety of the above-mentioned new user.

2. New student/user must be accompanied by an authorized student instructor at all time while in the laboratory. The student instructor must complete and sign this form upon the new student/user completes the experiment works and exits the laboratory.