

Equipment Request Form

Department of Chemical Engineering, Faculty of Engineering, Kasetsart University

Date/Month/Year.....

Requested Equipment:

To The Head of Department of Chemical Engineering

☐ Room 1101 ☐ Room 1312 ☐ Room 1412(GC)
☐ Room 24Hr ☐ Room 1416(Anal) ☐ Room Autosorb-1

Student 's name Student 's number

Department Faculty.....

University Telephone (mobile) E-mail.....

Type of enrollment : ☐ Undergraduate student ☐ Graduate student

Requested Date : (From) (to)..... Time

Thesis title :

Sample description:

Number of Samples..... Samples (Be advised that samples must not be radioactive materials)

I agree to follow the equipment rules and regulations. If the laboratory rules and equipment procedures are not followed, the study may be subjected to cancellation. The student is responsible for the cost of any equipment damages.

Name of Applicant Advisor
(.....) (.....)

If the payment receipt is required, please fill out this section:

Recipient of the payment:

Address:

Telephone: Fax:

To be completed by Chemical Engineering staff only

To the head of the Department of Chemical Engineering

Equipment Charges

Number of Samples: Price: Baht/Sample

Total Charges: Baht

(.....)

Authorized Staff Member

...../...../.....

☐ Approve

☐ Do not Approve

(Reason).....

(Asst.Prof.Dr. Kandis Sudsakorn)

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