

**COLLEGE OF ENGINEERING  
CHEMICAL ENGINEERING DEPARTMENT**



**Laboratory Facility Utilization Request**

**Date:**

**Name of applicant:**

**Designation:**

**Department / Organization:**

**Email:**

**Mobile:**

**Faculty Supervisor Approval Required:**

**Type Of Service Required**

**Analysis**

**Name Of Analysis**

**Nature Of Sample**

**Number Of Sample**

**Others**

*(Please Specify)*

**Research Personnel Signature:**

**\*\* *For Office Use Only***

**Consultation with the Technician required**

**Lead PI Signature:**

**Lab Coordinator Signature:**

**Faculty Supervisor (If Applicable):**

**Approval Status:**

**Head of Department**