

**GLASSWARE/ APPARATUS REQUISITION FORM**  
**FOR RESEARCH PROJECTS**  
**(ATTACHMENT 4)**

**Please fill in and return this form in DUPLICATES.**  
**One copy should be attached with a completed COSH Form.**

**NAME:** \_\_\_\_\_

**MATRIC NO:** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

**COURSE:** \_\_\_\_\_ **ACADEMIC SESSION:** \_\_\_\_\_

Final Year  Mix-Mode  Full-time (MSc/ PhD)  RA/ RO

**PROJECT TITLE:** \_\_\_\_\_

**Status Requirement:**  New Project  Additional Materials

No.	Glasswares/ Apparatus Required	Qty
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

No.	Glasswares/ Apparatus Required	Qty
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

I hereby agree to the above- named student being provided with the requested glasswares/apparatus.

Name of Supervisor/Researcher: \_\_\_\_\_

Signature

Research Laboratory: \_\_\_\_\_

Date: \_\_\_\_\_