

**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 COSHH 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: _____