**Kaohsiung Medical University**

**Department of Medicinal and Applied Chemistry**

**Instrumentation Room I, II**

**Application form for Instrument Use and Access Control**

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| Apply date： | | | Lab’s number： | | |
| □ 8F Instrumentation Room I | | | □ 11F Instrumentation Room II | | |
| Apply information | | | | | Staff fill |
| Degree | ID | Name | | Sign | Access Period |
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I hereby declare and confirm that I will follow the relevant regulations of the Department of Medicinal and Applied Chemistry of Kaohsiung Medical University.

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| □Study in Department of Medicinal and Applied Chemistry | Adviser： | Department of Medicinal and Applied Chemistry’s Chairman： |
| □Study in other Department | Your department adviser： |