Kaohsiung Medical University
Department of Medicinal and Applied Chemistry
Instrumentation Room I, II, and Solvent System Room
Application form for Instrument Use and Access Control

Apply date：　　Lab's number and ext.：

☐ 845 Instrumentation Room I　　☐ 819 Laboratory

☐ 1132 Instrumentation Room II

Apply information					Staff fill
Degree	ID	Name	Sign	Instrument	Access Period

I hereby declare and confirm that I will follow the relevant regulations of the Department of Medicinal and Applied Chemistry of Kaohsiung Medical University.

☐Study in Department of Medicinal and Applied Chemistry	Adviser：		Department of Medicinal and Applied Chemistry's Chairman：
☐Study in another Department	Your department's adviser：	Faculty in Department of Medicinal and Applied Chemistry:	

Please finish the approval process, then hand it to the staff.