

### Overtime Laboratory Using Request Form

School of Food Industry, King Mongkut's Institute of Technology Ladkrabang

Date ..... Month ..... Year .....

I am ..... Phone no. .... Student ID .....

student of a  Bachelor's degree  Master's degree  Doctor's degree Year .....

Program ..... operate in  Special problems  Thesis  Research  
 Teaching and Learning  Other .....

Topic/Subject.....

would like to use a laboratory **overtime** with collaborator (s) as follow

1) ..... (Phone no. ....)	2) ..... (Phone no. ....)
3) ..... (Phone no. ....)	4) ..... (Phone no. ....)

Between date ..... month ..... year ..... to date ..... month ..... year .....

total ..... night (s) Use the following tools

No.	Operating Date	Time	Tool Name	Laboratory no.

I acknowledge laboratory regulations and I am pleased to follow these regulations. In case there are any damages, the advisor/head of project and I or collaborators are willing to take responsibility for all damages that may occur by recklessness.

(Signature) ..... Student Date .....

● Advisor/Head of project's Opinion

Agree to use overtime  Don't agree because .....

(Signature) ..... Advisor/Head of project Date .....

● Scientist's Opinion

Agree to use overtime  Don't agree because .....

(Signature) ..... Scientist Date .....

**Note:** 1. Student can request a room for no more than 5 days/time and no more than 10.00 p.m.  
 2. Student must submit a form in advance before 2.00 p.m. of the request date.