



**APPROVAL FORM FOR WORKING IN THE  
 LABORATORY/WORKSHOP AFTER OFFICE HOURS**  
 (Each Form Can Only Be Used For One Student Only)

**A. DETAILS OF APPLICATION**

1. Name of Applicant: \_\_\_\_\_
2. Matric No.: \_\_\_\_\_
3. School/Department: \_\_\_\_\_
4. Year of Study: \_\_\_\_\_
5. Course: \_\_\_\_\_
6. Name & No. of Laboratory/Workshop: \_\_\_\_\_
7. Building No.: \_\_\_\_\_
8. Brief description of experiment or work to be carried out: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Name of colleague/companion nearby during work [REGULATION 3.5]  
 \_\_\_\_\_
10. I hereby agree to abide to the rules of working in the laboratory/workshop after office hours and also the laboratory/workshop safety rules:

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

**B. DETAILS OF APPROVAL BY SUPERVISOR OR LECTURER**

1. I hereby approve the above applicant/student to work in the laboratory/workshop after office hours starting from date \_\_\_\_\_ until \_\_\_\_\_ . [Not more than 6 months – REGULATION 3.4]
2. Please contact me at the following address in the event of an emergency:
  - a) Address after office hours: \_\_\_\_\_  
 \_\_\_\_\_
  - b) Tel. no. after office hours: \_\_\_\_\_
  - c) Remarks (if any): \_\_\_\_\_  
 \_\_\_\_\_

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

Name and Official Stamp: \_\_\_\_\_

**INSTRUCTIONS FOR STUDENT :**

- 1) Please keep this approval form for inspection purposes by the University's authorities
- 2) Duplicate copies must be made for;
  - (i) Submission to Occupational Safety and Health Unit (UKKP)
  - (ii) School/Department's filing record