

Reception number/
Date/
Time
Authorities

,

The Center for Scientific and Technological Equipment (CSTE), Suranaree University of Technology

Please read the instruction carefully before completing the form.

Agreement form for the University's equipment self-service

his reque	est is made by (Mr. Miss, Mrs, Ms) First name	Last Namestudent/staff ID	
nstitute/S	chool	contact number	
1)	Name of the equipment requested		
2)	, ,		
3)	Title of the research project the equipment is	s to be used in	
4)			
5)	The equipment's requested period, from (da	te/month/year) to (date/month/year)	
	The equipment is to be used as a	part of	
	() Teaching, course code	course name	
	() Student project, student's yea	г	
	() Thesis		
	() Research		
	() Other, please specify		
6)	The expected number of time the instrument	t is to be used	
7)		rson (i.e. thesis advisor, course instructor, principle investigator)	
		contact numberfax	
8)	The request is for		
	() myself		
	() for (Mr. Miss, Mrs, Ms)	who is (the person's status/your relationship with the	
	person)		
9)	The user has attended the training by the CSTE's authorized staff to use the requested equipment on (date/month/year)		
	If the equipment is damaged due to the user's carelessness and inappropriate use, the user will be responsible for the cost occurred.		
10)	The equipment service charge is paid by (name)		
	By filling this form, I confirm that I unc	derstand and agree to strictly follow the equipment self-service regulations.	
)		()	
Requester		(course instructor/project advisor/ PI)	
/)	()	
lead of tl	ne school/institute declaration.		
	I hereby declare that the information	n given above is correct and true to the best of my knowledge and belief.	
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