

SOA0113e

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❖ Please complete in BLOCK letters. The student who wants to use a shop facility must complete this form. The form must be submitted to the Student Support Staff at least **one (1) week** in advance. **Shop Monitor must sign to complete the form.**

Student's full name _____ ID Number

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I would like to use the facility for the course:

Course code

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 Course Name _____ Semester/Year

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Group of students

▪ Year 1 2 3 4 5 program Arch Int ID CD

▪ Number of Students |__|__|

▪ Student's Name

1. _____ ID No. _____
2. _____ ID No. _____
3. _____ ID No. _____
4. _____ ID No. _____
5. _____ ID No. _____
6. _____ ID No. _____
7. _____ ID No. _____
8. _____ ID No. _____
9. _____ ID No. _____
10. _____ ID No. _____
11. _____ ID No. _____
12. _____ ID No. _____
13. _____ ID No. _____
14. _____ ID No. _____
15. _____ ID No. _____
16. _____ ID No. _____
17. _____ ID No. _____
18. _____ ID No. _____
19. _____ ID No. _____
20. _____ ID No. _____

Only students who have their names on the list will be allowed. Student's ID might be requested by the security guard for security reason.

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Which facility do you want to use?

- Workshop:** Wood Metal

Time and period of using

- Period of time:** from |_|_|_|_|_|_|_|_| to |_|_|_|_|_|_|_|_|
▪ Time |_|_|: |_|_| to |_|_|: |_|_|
 One time: Date |_|_|_|_|_|_|_|_| Time |_|_|: |_|_| to |_|_|: |_|_|

Shop Monitor

Due to shop rules and regulations, shop monitor is required for the assistant. Shop monitor will take all responsibility for all damage or lost that occurred.

(shop monitor's name) _____ will be
the shop monitor on date |_|_|_|_|_|_|_|_| to |_|_|_|_|_|_|_|_|

I do agree with the shop rule and will take all responsibility for damages or lost that might occurred due to my failure monitoring.

Shop Monitor's signature _____ Date |_|_|_|_|_|_|_|_|

I/We do agree, any damages or lost or accident that might occurred will be my/our responsibility due to ignoring the shop safety rules and regulation.

Student's signature _____ Date |_|_|_|_|_|_|_|_|

Authorized signature _____ Date |_|_|_|_|_|_|_|_|