



LABORATORY PERMISSION FORM

Palaeontological Research and Education Centre, Mahasarakham University

Personal Details

Full Name: .....

Student Year:..... Major:..... Degree: .....

Instructor  Specialist  Others (please specify): .....

University/ Workplace:.....

Phone:..... Email: .....

Room Requirements

Laboratory 1 (Invertebrate and Plant)

Laboratory 2 (Vertebrate)

Laboratory 3 (Vertebrate)

Studio Room (Microscope and Map)

Collection Room

Others (please specify): .....

Purposes of Study

Research Title: .....

Others (please specify): .....

Period

From Date: ..... Month: ..... Year: ..... to Date: ..... Month: ..... Year: .....

Beginning Time: ..... Ending Time: .....

**In this regard, if the damage to the Palaeontological Research and Education Centre's equipment, I am willing to be responsible for all the damage.**

Signature ..... Applicant

(.....)

Date: ..... /..... /.....

Signature ..... Adviser

(.....)

Date: ..... /..... /.....

Signature ..... Head of research department

(.....)

Date: ..... /..... /.....

Signature ..... Director of PRC

(.....)

Date: ..... /..... /.....

If you have any questions, please contact laboratory officer at Researcher room 2.