



LABORATORY PERMISSION FORM

Palaeontological Research and Education Centre, Mahasarakham University

Personal Details

Full Name:

Student Year: Degree: Advisor Name:

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: / /

Signaturelaboratory officer

(.....)

Date: / /

Signature Director of PRC

(.....)

Date: / /

If you have any questions, please contact laboratory officer at Researcher room 1 or 2.