

**APPLICATION FOR STARTING EXPERIMENT PRIOR TO THE  
COMPLETION OF LABORATORY PROBATIONARY TRAINING**

Dear Dr. / Prof.:

Student name \_\_\_\_\_ sincerely requests your approval for starting an experiment prior to the completion of the 6 weeks probationary training period because of the following reason:

Thesis topic: \_\_\_\_\_

Start from: \_\_\_\_\_ (dd/mm/yyyy)

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student name: \_\_\_\_\_

Student number: \_\_\_\_\_

Date: \_\_\_\_\_ (dd/mm/yyyy)

Academic staff: \_\_\_\_\_  Approved     Disapproved

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