



澳門大學
UNIVERSIDADE DE MACAU

儀器操作培訓申請表

Date:	/ /	(Day/Month/Year)	
Name:		Group:	A B C D No
Leader:		Supervisor:	
Tel. No:		E-mail:	

Description: (Please be specific)			
Instrument Model:		Serial Number:	
Manufacture:		Other tools:	

Describe the Role of Device in Your Project:

Others Supporting Prepared:
<input type="checkbox"/> Device Menu <input type="checkbox"/> Manuscript (Paper)
<input type="checkbox"/> Project description (ppt) <input type="checkbox"/> Project description (doc)
<input type="checkbox"/> Device intro (doc) <input type="checkbox"/> Device intro (ppt)
<input type="checkbox"/> Others: _____

Leader Signature: _____ **Date:** _____ / _____

----- For Office only -----

Receival Date: _____ / _____ **Approval Person:** _____

To: _____ **Please kindly train the student** _____ **to**
use the device of _____ **on / before** _____ / _____

To: _____ **Please kindly train the student** _____ **to**
use the device of _____ **on / before** _____ / _____