



SCHOOL OF CHEMICAL SCIENCES  
UNIVERSITI SAINS MALAYSIA

CONSENT FORM FOR CONDUCTING EXPERIMENTS USING  
HEATING INSTRUMENT AFTER OFFICE HOURS

**A. APPLICATION DETAILS**

1. Applicant's Name: \_\_\_\_\_ 2. Matric/Staff No.: \_\_\_\_\_
3. Candidature: PhD/MSc/FYP/RA \_\_\_\_\_ 4. Supervisor: \_\_\_\_\_
5. Section: \_\_\_\_\_ 6. Location: \_\_\_\_\_
7. Telephone Number : \_\_\_\_\_
8. Type of Application: Reflux/Oven/Furnace/Autoclave/Hotplate/Heating Mantle/etc. (Please state):  
\_\_\_\_\_

**B. DETAILS OF EXPERIMENT**

No.	Subject	Information
1	Solvent	
2	Boiling point	
3	Class of Chemicals	Organic/Inorganic
4	Heating Time	

**C. SUPERVISOR'S APPROVAL**

I have advised the student/applicant with regard to all safety aspects that have to be **TAKEN** while conducting the work starting from \_\_\_\_\_ to \_\_\_\_\_

Signature & Stamp:

Date:

**D. DEPUTY DEAN'S APPROVAL**

1. Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature & Stamp: