



Equipment/Facility Loan Form

Requester	Name:	<input type="checkbox"/> Research Staff <input type="checkbox"/> Research Student
Contact information	Email address:	
	Institute/Department:	Contact number:
Please select appropriate box	<input type="checkbox"/> List SKLMP as affiliation <input type="checkbox"/> Acknowledgement <input type="checkbox"/> Pay-per-use	<input type="checkbox"/> SKLMP member <input type="checkbox"/> Others, please specify:
Supervisor	Name:	Institute/Department:
Equipment/Facility name & quantity (FAS No. if available)		
Loan period		
Brief description of the research project (i.e. title, objective and etc)		

Requester's signature: _____ Date: _____

Endorsed by Dr. Jiajun WU: _____ Date: _____

Approved by Prof. Kenneth MY Leung: _____ Date: _____

Person-in-charge: Jiajun Wu
 Location: P5840, YEUNG (SKLMP)

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 Email: jiajunwu@cityu.edu.hk