FACULTY OF COMPUTER SCIENCE AND INFORMATION TECHNOLOGY
RESEARCH LAB REGISTRATION FORM

APPLICANT DETAIL		
Registration Date	:	Your photo
Applicant Name	:	
Matric No	:	
Nationality	:	
Tel No.	:	
Email	:	
Start Date	:	
End Date	:	
Supervisor	:	
Co-supervisor	:	
Department	:	
Research Title	:	

SUPERVISOR APPROVAL		D.Dean (Development) / Dean APPROVAL	
Supervisor	:	Signature	:
Supervisor's Signature	:		
Stamp	:	Stamp	:
Date	:	Date	:
Research Lab		Open Space(OSL)	

ACCESS DOOR APPROVAL

No.	Card No.	Door Accessibility	Applicant Signature	Date

PC DETAIL

PC Name	IP Address	PC Model	Technical Signature	Date