Equipment Request Form

To be Completed by Final Year Project Student:

Name of Student: __________________________ Date: __________________

CityU ID: __________________________ Contact Tel No: __________________________

Department: __________________________  * Full-Time / Part-Time  * MSC / BSC / MSEC

Project Title: __________________________

OS: __________________________

Software: __________________________ Special Hardware: __________________________

To be Endorsed by Final Year Project Supervisor:

N.B. Supervisor please provides justification for the purchase of mobile devices. The devices will be kept at CSLab and shared by FYP students.

Justification by supervisor: __________________________

Supervisor's Name: __________________________ Signature: __________________________ Date: _______

To be Completed by Lab Staff:

Remarks: __________________________ Date: _______

Project PC No: __________________________ Locker No: __________________________

Lab Staff's Name: __________________________ Signature: __________________________

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