



Equipment Request Form

CS Lab

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
* Please delete as appropriate

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 : _____