

APPLICANT INFORMATION

Name: _____

Status: Undergraduate student Master student PhD student PostDoc Fellow
 Graduate Research Assistant Research Assistant Temporary Assistant
 Staff (Please specify your job title): _____
 Other (Please specify): _____

Affiliation: UM - Faculty of Pharmacy
Department: _____
 UM – Other faculty / PTJ (Please specify)
Department: _____
Faculty / PTJ: _____
 Other institution (Please specify):
Department: _____
Institution: _____

Student or staff no.: _____ Mobile phone no.: _____

ACCESS CARD RETURN

Return date : _____

Applicant's sign : _____

Received by : _____

Lab Manager (Science Officer) (Name, sign & stamp)