

**BORANG PENYEDIAAN KELAS PRAKTIKAL**
CLASS PRACTICAL PREPARATION FORM

1. **Modul** : _____
Module
2. **Sesi/Semester** : _____
Session/Semester
3. **Tajuk Praktikal** : _____
Practical Title
4. **Tarikh Praktikal** : _____
Date Of Practical
5. **Durasi Praktikal** : _____
Practical Duration
6. **Nama Pemohon** : _____
Applicant's Name
7. **Nama Makmal** : (MPG 6 / MPG 8 / Clinical Skill Lab / Research Lab)
Laboratory Name
8. **Senarai keperluan** : _____
List for Preparation

| # | Bahan / Radas / Peralatan <i>Material / Apparatus / Equipment</i> | Kuantiti <i>Quantity</i> |
|---|--|-----------------------------|
| | | |

Tandatangan Pemohon
Applicant Signature

Tarikh :
No. Telefon :

(Untuk Kegunaan Pejabat)
(For Office Use Only)

Application Accepted / Not Accepted On The Date
Permohonan diterima / tidak diterima

Science Officer Signature,

(**Stamp & Sign**)

* **Borang ini PERLU dihantar 2 minggu sebelum tarikh kelas praktikal**
(DO SUBMIT this form 2 weeks before date of practical class)

** **Maklumbalas dalam tempoh DUA (2) hari.**
(Will be replied TWO (2) days after form submitted)