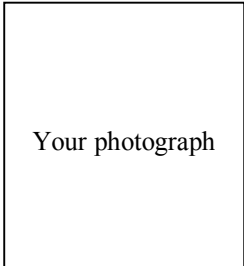




INTERNATIONAL UNIVERSITY
SCHOOL OF BIOTECHNOLOGY



**LABORATORY VOLUNTEER
APPLICATION FORM**

1. Full name : Sex :
2. Date of birth :
3. Student ID :
4. Address :
5. Home phone : Cell Phone:
6. E-mail address:.....
7. Name of your supervisor(s):
8. Intended duration of working in Lab (please specify Lab room number):
From to
9. Please specify project title / research field and/or kind of lab activities that you will participate in:

By signing below you certify that you will follow all laboratory regulations and supervisor's instructions once you are allowed to work in our Laboratory.

Applicant's signature
Date:

Supervisor's signature
Date:

Head of Laboratory's approval
Date:

Head of School's approval
Date: