

Training Request Form for DSC/TGA/TGA-MS

Please complete the form and return it to TA Lab Officer/s. You are strongly encouraged to submit this request only when you plan to use the DSC for your research. Please DO NOT use the instrument/s before the first training session.

Name of Student :	
Status :	Post-graduate / research assistant / Post-doctoral / others
Supervisor Name :	
Supervisor's Signature :	
Contact No.:	
Email :	
Date submitted :	
Technique required (pls tick):	DSC <input type="checkbox"/> TGA <input type="checkbox"/> TGA-MS <input type="checkbox"/>
Scheduled training date :	

For Lab Officer/s use only:

Status :				
OK		Re-training is necessary		Others
Remarks after training session:				