TU Dublin, School of Computer Science

EQUIPMENT REQUEST FORM

Student Number:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Session (eg 2011/12): 20\_ \_/\_ \_    Course Code : DT\_ \_ \_    Year/Stage: \_\_\_\_\_

Purpose of Request (check one) FYP\_\_\_: Research: \_\_\_ Teaching/Lab Support :\_\_\_ Other:\_\_\_\_

(If you select “other“ you should attach a short description giving details)

Details of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will take responsibility for the usage of this equipment and it will be used solely by myself for my academic work in DIT

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Supervisor/Lecturer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:

*\*\* All equipment is provided without support. \*\**

*\*\* All equipment must be returned in the same condition as supplied. \*\**

*\*\* Equipment to be returned at the end of the academic year. \*\**

*\*\* Student grades may be withheld if loaned equipment is not returned(if applicable). \*\**

*\*\* Students must be fully registered to receive equipment. \*\**

*\*\* Student must attach a copy of their FYP proposal (even if in draft format if for FYP) \*\**

*\*\* Equipment must be returned early if it is no longer required*

***OFFICE USE***

Equipment information loaned:

Make: \_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_ Asset/Serial Tag: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Acceptance Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Head of School/Department