**浙江大学舟山校区实验室门禁申请表**

申请日期： 年 月 日

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请人/Name |  | | 联系方式/ Phone | | | |  | |
| 工号/学号/Student Number |  | | 所属部门/Institute | | | |  | |
| 导 师/Tutor |  | | 联系方式/ Tutor Phone | | | |  | |
| 现有门禁权限/Existing Access Room Number |  | | | | | | | |
| 申请类型  Application Type | □新 增New □权限变更Change | | | | | | | |
| 申办期限/Validity： | | | | | | | | |
| 新增实验室  Added Labs |  |  | |  | |  | |  |
| 实验室负责人签字  Signature of Person in Charge of Corresponding Labs |  |  | |  | |  | |  |
| 导师是否进行了实验室安全培训  Whether Tutor has Conducted Laboratory Safety Training | | | | | 签字Signature: | | | |
| 审批意见  Approval | 导师意见  Tutor Approval | | | | 签字Signature： 时间Date： | | | |
| 研究所/部门意见  Institute Approval | | | | 签字Signature： 时间Date： | | | |
| 经办人  Officer |  | | | | 完成时间  Date |  | | |