Toronto Metropolitan University

Department of Electrical, Computer, & Biomedical Engineering
Faculty of Engineering & Architectural Science

Research Lab Access Form

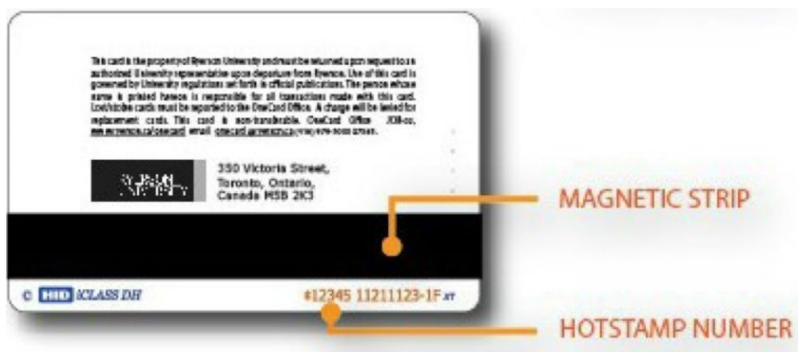**Complete and return this <u>signed</u> form to ENG478 for processing**

APPLICANT INFORMATION

Last Name	First Name	Student Number

Hotstamp Number	Ryerson Email Address

MAGNETIC STRIP

HOTSTAMP NUMBER

Applicant Status
Ph.D Student
M.A.Sc Student
M.Eng Student
TA (Teaching Assistant)
RA(Research Assistant)
Post-Doctoral Fellow
Other: _____

TA Lab Access Course Code (e.g. *COE328*)

TA Lab Access Term	
TERM: _____	YEAR: _____

Research Supervisor(s)	
Supervisor 1	
Supervisor 2	

Research Lab(s)

Research Supervisor(s) Signature

Expiry Date

By signing below, I agree to the following terms:
- **Not to give or lend the means of access to others;**
- **Not to copy, alter, duplicate or reproduce the means of access;**
- **To use access for authorized purposes only;**
- **To safeguard and store the means of access securely;**
- **To immediately report lost or stolen means of access.**

Student/Employee Signature	Date