



OPERASI PERKHIDMATAN SOKONGAN

**FAKULTI PERUBATAN VETERINAR
(HOSPITAL VETERINAR UNIVERSITI)
Kod Dokumen: OPR/FPV/BR028/COP**

APPLICATION TO CARRY OUT PROJECT AT UVH

Note:

1. Please submit this form to Deputy Dean (Hospital)/UVH Office at least two weeks before start of project.
2. Application form individuals/organization outside the Faculty must be attached with official application letter.
3. If assistance from UVH staff is required, please fill 'Request for Assistance of UVH Staff' Form, OPR/FPV/BR031/ASST.
4. Please check the status of your application at UVH Office one week after submitting your form.

I REQUESTER INFORMATION

Name :	_____	Staff/Matric/ID No. :	_____
Program :	_____	Year :	_____
Address :	_____	Telephone :	_____
	_____	E-mail :	_____

**II PROJECT DETAILS
(Attachment if necessary)**

A. Title of Project

B. End Product

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Thesis | <input type="checkbox"/> Assignment | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> Project Paper | <input type="checkbox"/> Scientific Paper | <input type="checkbox"/> Seminar |

C. Duration of Project

Date Start of Project: _____ Date End of Project: _____

D. UVH Units to be Involved

- | | | |
|--|--|---|
| <input type="checkbox"/> Small Animal Clinic | <input type="checkbox"/> Main Surgery | <input type="checkbox"/> Radiology Unit |
| <input type="checkbox"/> Small Animal Ward | <input type="checkbox"/> Student Surgery | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Avian and Exotic Clinic | <input type="checkbox"/> Special Exam Room | <input type="checkbox"/> Central supply |
| <input type="checkbox"/> Ambulatory Clinic | <input type="checkbox"/> Large Animal ward | |
| <input type="checkbox"/> Large Animal Surgery | <input type="checkbox"/> Others (Please state location): _____ | |

E. Details of Project

F. Other Personnel Involved

No.	Name	Matric No.	Faculty	Program	Year

G. Other Requirements

(Please state in details if you need to use drugs, suture materials, equipment etc.)

H. Assistance from UVH Staff

Yes (Please fill up 'Request for Assistance of UVH Staff' Form, FPV/UVH/B105)
 No

III PLEDGE

I am aware of the rules, client-confidentiality, conduct of behaviour and dress code required of me and will abide by them to uphold the good image of UVH.

Signature: _____

Date: _____

IV SECONDED BY SUPERVISOR/ACADEMIC ADVISOR

Name

Signature: _____

Date: _____

: _____

V FOR OFFICIAL USE

Date received: _____

Comments (if any):

This application is:

Approved
 Not Approved

End product required?

Yes
 No

Cc to: 1. _____
2. _____
3. _____
4. _____

Signature : _____
Name : _____
Designation : _____
Date : _____

Requester informed by,
Name : _____
Date/Time: _____