



RESEARCH STUDENT ASSISTANT REQUEST FORM

1. APPLICANT'S PERSONAL PARTICULARS			
Name		Staff ID No.	
School/Dept			
Grant No.			
E-mail		Contact No.	
Applicant's signature		Date	
2. STUDENT'S PERSONAL PARTICULARS			
Name		Student ID No.	
School/Dept			
E-mail		Contact No.	
What are the duties to be performed?			
Student's signature		Date	
3. RESEARCH MANAGEMENT CENTER			
Approved <i>(please tick)</i>		Not approved <i>(please tick)</i>	
Signature		Signature	
Date		Date	