



Simulation Lab

Faculty of Nursing Mahasarakham University

Request to use the Simulation Lab room

To the Dean of the Faculty of Nursing Mahasarakham University

Given name.....Surname.....

Position..... Affiliation.....

Reason for requesting to use the Simulation Lab room

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From (date).....Time.....To (date).....Time.....

Signature.....

Print Name.....

Phone Number.....

Academic Decision

Approve

Disapproved

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Date.....