Faculty of Creative Arts
Postgraduate Student
Technical Assistance Request Form

Student Name: …… Date: ……

Student Number: …… Course of Study: ……..

Supervisor/s:……..

Technical assistance is requested for the following:

Task: (Please give as much detail as possible)

Estimated time required to complete task: ……

Staff Use

☐ Able to assist — Initial appointment date:……

☐ Unable to assist — Because:
- ☐ Facilities unavailable
- ☐ Outside staff expertise
- ☐ Staff time unavailable

☐ Refer to supervisor — Appointment date:…….

Supervisor's Signature: …….

Technical Staff's Signature: ……..

Completed forms to be returned to Olena Cullen
Office of Research and Postgraduate Studies: Room 25:120.