**研究生课题试验仪器使用申请表**

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| **研究生姓名** | |  | | | **联系电话** | | | |  | |
| **专 业** | |  | | | **攻读学位** | | | |  | |
| **序号** | **仪器名称** | | **规格/型号** | | | **数量** | **借用日期** | | | **使用地点** |
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| **实验室项目组意见**  **（负责人签字）** | | | | **场地安排** | | | | **是/否** | | |
| **加载方案** | | | | **是/否完备** | | |
| **测试方案** | | | | **是/否完备** | | |
| **实验室主任意见** | | | |  | | | | | | |
| **年 月 日 编号：** | | | | | | | | | | |

**注：研究生必须与项目组老师协商解决场地，加载及测试方案，试件安装就绪。以上工作完毕后方可进行仪器申请**