



**APPROVAL FORM FOR SPACE USAGE BY STUDENTS
RAZAK FACULTY OF TECHNOLOGY AND INFORMATICS, UTM KUALA LUMPUR**

Student's Name : _____

Student's ID : _____

Phone No : _____

Email : _____

Start Date : _____

End Date : _____

Purpose : _____

Approved By Supervisor/Program Coordinator

Signature : _____

Name : _____

Date : _____

Official Stamp : _____