



Bench Fees Approval Form

Name and Surname of Applicant: _____

Applicant's Identity Card No.: _____

Faculty: _____

Course: _____

Mode of Attendance: _____

Commencement Date: _____

Year of study	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Yr7	Yr8
	€	€	€	€	€	€	€	€
Amount of Bench Fees								
Breakdown of Bench Fees								
Consumables/ Materials								
Hardware / Software								
Equipment								
Others (please Specify)								

Supervisor:

Head of Department:

Student:

Signature:

Signature:

Signature:

Date:

Date:

Date:

Approval by the:

Director of Finance

Date: