

NTHU_RFML 502 Measurement Training Form

YYYY / MM / DD

Training Facilities		E-mail	
Name		Stu. ID	
Department		TEL	
Advisor	(Sign.)		YYYY/MM/DD
Measurement description	Briefly explain what kind of measurement you are going to do and what facilities will be used.		
Prof. Sheng-Shian Li (Before training)	(Sign.)		YYYY/MM/DD
Facility super user (Before training)	(Sign.)		YYYY/MM/DD
Trainer	(Sign.)		YYYY/MM/DD
	(Sign.)		YYYY/MM/DD
	(Sign.)		YYYY/MM/DD
Facility super user (After training)	(Sign.)		YYYY/MM/DD
Prof. Sheng-Shian Li (After training)	(Sign.)		YYYY/MM/DD

Please hang in the form to the super user after all the signatures are done.