**材料学院先进材料实验中心仪器设备**

**固定机时预约申请表**

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| **申请预约设备名称** | | | | |  | | | | | | **申请团队负责人** | | | | |  | | | | | |
| **所在学院** | | | | |  | | | | | | **联系电话** | | | | |  | | | | | |
| **预约机时** | **星期** | **一** | | **二** | | | | **三** | **四** | | | **五** | | | **六** | | **日** | | **每周合计/小时** | |
| **时段** |  | |  | | | |  |  | | |  | | |  | |  | |  | |
| **年 月 日至 年 月 日，共计 周，共计 小时。** | | | | | | | | | | | | | | | | | | | |
| **收费标准** | | *（按照实验中心公布的自主上机收费标准执行）* | | | | | | | | | | | | | | | | | | | |
| **预估费用** | | **万 仟 佰 拾 元整 （¥ ）。** | | | | | | | | | | | | | | | | | | | |
| **设备使用人员** | **姓名** | **性别** | **学院** | | | | **人员类别**  **（教师/博士后/博士/硕士/本科/其他）** | | | **工号/学号** | | | | **联系电话** | | | | **是否联络人** | | **是否有自主上机资格证** | |
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| **团队负责人承诺** | | 我保证团队的设备使用人员遵守实验中心各项规章制度，严格按照仪器操作规程使用仪器设备。若因操作不当导致仪器设备或实验设施损坏，我团队负责赔偿全部损失。 | | | | | | | | | | | | | | | | | | | |
| **团队负责人签字：**  **年 月 日** | | | | | | **仪器设备负责人意见：**  **签名：**  **年 月 日** | | | | | | | **实验中心领导意见：**  **签名：**  **年 月 日** | | | | | | | | |