

Centre for Intelligent Antenna and Radio Systems

Booking Request Form

Project Title:

Request # (CIARS use only): 

User (full name):

User ID #:

Additional Authorized Attendees: 

Supervisor:

Planned start date

Estimated end date:

Experimental Plan

- *Device(s) under test:* 

- *Size of DUT:*
- *Frequency range:*
- *Approximate gain:*
- *Polarization:*
- *Required beamwidth:*
- *Types of measurements:* 
- *Other details:*

- *Illustration of experimental setup attached:* Y N

- *Fixture requirements:* 

- *Major equipment needed:* 

- *Health and safety considerations:* 

**Reservations require at least 72 hours' notice to ensure all relevant resources are available and ready for use.*

Booking Request Forms will be reviewed in tandem with Supervisory Approval Forms.

CIARS approval date: