

Centre for Intelligent Antenna and Radio Systems

Supervisory Approval Form

Repeat of prior booking?
If yes, provide the original
request #, sign, and return.

Request # (CIARS use only):

Approval Statement

I, the SUPERVISOR/EMPLOYER of the USER,

certify that I have reviewed the EXPERIMENTAL PLAN and vouch for its feasibility

- certify that

Y N ☐ USER has adequate training to complete the described experiment,

OR

Y N ☐ we have arranged for a trained person to facilitate the experiment

- Name of trained person:

will ensure that CIARS is credited in all publications containing results obtained through experiments performed therein.

This usage is:

academic - source of funding:

WO#:

industrial - contact information for invoicing:

Contact full name:

Street address:

Affiliation/company:

City:

Phone:

Province/state:

Email:

ZIP/postal code:

****INDUSTRIAL USE ONLY****

I, the EMPLOYER of the USER, confirm that the described experimental plan is part of their duties. They will be covered by our insurance for the duration of their experiment in CIARS.

Signature (user)

Date

Signature (supervisor/employer)

Date

CIARS approval date: