**FOOD PROCESSING AND ANALYTICAL LABORATORY SCHEDULE REQUEST FORM**

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| 1. **CLIENT INFORMATION** | | | | | | | |
| Name of Faculty: |  | | | Date of Request: | |  | |
| College: |  | | | Department: | |  | |
| Contact Number: |  | | | Email Address: | |  | |
| Type of Laboratory Class: | Regular Class Make-up/ Special Laboratory Class | | | | | | |
| Semester: | 1st 2nd Midyear | | | | | | |
| Laboratory subject: |  | Unit: |  | | Lab. hours: | |  |
| Estimated Number of Enrolled Student: |  | Preferred Schedule (Day and Time):  *\*(Subject to availability)* | | | | |  |
| 1. **LABORATORY SCHEDULE REQUEST** | | | | | | | |
| Laboratory Facility: | |  |  |  |  | | --- | --- | --- | --- | |  | **Food Processing Laboratory** |  | **Analytical Laboratory** | |  | Fruits and Vegetable Processing Laboratory |  | Microbiological Laboratory | |  | Meat and Fish Processing Laboratory |  | Physicochemical Laboratory | |  | Baking Processing Laboratory |  | Sensory Evaluation Laboratory | | | | | | | |

**PRIVACY STATEMENT**

I am fully aware that the Tarlac State University (TSU) is bounded and obligated under the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR) effective September 8, 2016, to protect all my personal and sensitive information that the Food Technology and Research Center (FTRC) collected, processed, and retained upon my disclosure. Likewise, I am fully aware that TSU may share such information to affiliated or partner organizations as part of its contractual obligation, or with government agencies pursuant to law or legal processes. In this regard, I hereby allow TSU to collect, process, use and share my personal data contained hereof in the pursuit of its legitimate academic, research and extension purposes and/or interests as an educational institution.

I hereby certify the correctness of the above information and declare my full understanding and agreement that services to be provided will be governed by specific terms and conditions, and rentals (as applicable). Also, I understand that I will be held accountable for the damage incurred on the facility/ equipment/ material requested during the period of approved usage.

**Requested by:**

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| Faculty  *Signature over Printed Name/ Date* |

**Noted by: Recommending Approval:**

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| Department Chairperson  *Signature over Printed Name/ Date* |

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| College Dean  *Signature over Printed Name/ Date* |

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*To be filled-out by FTRC Personnel.*

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| \_\_\_\_\_\_\_\_\_\_ Head, FTRC |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Schedule:** |  |
| **Time:** | Faculty  *Signature over Printed Name* |

**Reviewed by: \_\_** Available; **\_\_**Not Available **Available Schedule:**

*(If applicable)*

**Approved by:**

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| Director, FTRC |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |