

NATIONAL INSTITUTE OF PHYSICS

College of Science, University of the Philippines
Diliman, Quezon City

REQUEST FOR LATE NIGHT / OVERNIGHT STAY									
Guidelines for Late night / Overnight Stay					Request	tor #1			
The National Institute of Physics is closed everyday between 10PM and 5AM. In general, NIP discourages late night or overnight stay within its premises					Signat	ure:			
unless an approved request for late night or overnight can be presented.					FullNa	me:			
Overnight stay within the NIP premises is from 10pm to 5am the following morning. Late night stay within the NIP premises is from 10pm to 12mn of same day.					Student No.:				
					Cellphone No. :				
Requests are on a daily or weekly basis and extended period is not allowed. Requests must have description of the research-related activities during the stay.					Email Address :				
Requests include usage of research-related equipment during the intended stay.					Labora				
Requests must be endorsed by the Research Adviser and the Laboratory Coordinator.					Edisordiory.				
Only the requests approved by the NIP Director are considered valid.					Poguactor #2				
Req	uests must be for a pair of inc	Requestor #2							
The pair with approved request will not be allowed out of NIP premises between					Signat				
10PM and 5AM the following day. The pair with approved request must be within the NIP premises no later than 10PM.					FullNa	me:			
The pair must keep the original copy for inspection.					Student No.:				
The pair must send a pdf-copy of the approved request to the Deputy Director for Research and Extension for documentation.					Cellphone	e No. :			
The pair must provide a photocopy to the NIP Guard on night duty. The pair must log-in on the Guard's logbook.					Email Add	dress:			
The pair must log-in on the Guard's logbook. The pair must log-out on the Guard's logbook before leaving NIP.					Labora	tory:			
Details of Stay:					Location of Stay:				
[] Late Night	Date of stay:		[] Res. Wir	ng	Floor No.		
	Overnight	Time out:		[] Admin. V	_	Room No:		
					[] Fac. Wing				
Reason for Request:				Equipment to be used during stay:					
Here the research activities must be competely described.									
Per	son to Contact in case	of emergency:							
Fullname:					Cellphon	e No.:			
Complete Address:									
ENDORSEMENT									
	This is to endorse the Request for Late night or Overnight Stay and the undersigned validated the intended research activities.								
<u> </u>									
Signature and Fullname of Thesis Adviser					Signature and Fullname of Laboratory Coordinator				
APPROVAL									
This is to certify that the Request for Late night and Overnight Stay is approved under the guidelines stated above.									
WILSON O. GARCIA, Ph.D. Deputy Director for Research and Extension									

