

**DALHOUSIE UNIVERSITY
TEACHING LABORATORY ENROLLMENT FORM**

1. Permit Holder: _____ Permit #: _____

2. Instructor: _____ Department: _____

3. Phone Number: _____

4. Class Title: _____

5. Dates Of Sessions In Which Nuclear Substances Will Be Used:

6. Rooms Where Above Sessions Will Be Held: _____

7. Nature Of Work That Students Will Undertake:

8. List Nuclear Substances And Activity Of Each That A Student Will Handle:

9. List Of Students (Complete Page Two)

Date: _____ **Signature:** _____

Department Chair/Head _____

Form#: RS-004

The instructor and permit holder shall be responsible for the safe use of nuclear substances by all involved.

NAME

DATE OF BIRTH