



Department of Materials and Metallurgical Engineering
Bangladesh University of Engineering and Technology
Material Testing Request Form (Academic)

Form O

Student Information			
Name			
Department			
University			
Programme	B.Sc. <input type="checkbox"/>	M.Sc. <input type="checkbox"/>	Ph.D. <input type="checkbox"/>
Student Number		Contact Number	

Supervisor Information	
Name and Designation	
Contact Number	

Thesis Information		
Thesis Title		
Sample Type / Material	Test(s) Required	Number of Samples
	<input type="checkbox"/> Tensile/Compression	
	<input type="checkbox"/> Hardness (Scale _____) Load _____	
	<input type="checkbox"/> Impact	
	<input type="checkbox"/> Flexural	
	<input type="checkbox"/> Chemical Composition (Mention No of Elements)	
	<input type="checkbox"/> Other (Please Specify):	

N.B. Please attach extra pages for any required information.

Student
Signature with Date

Supervisor
Signature with Date & Seal

Head
Signature with Date & Seal

MME Office Only

Test Fee Received: Tk. _____

Sonali Bank Scroll Number: _____

Date: _____

Assigned Lab: _____

Assigned Personnel: _____

Requisition Serial Number _____

Approved by