



RDC REQUEST FORM	
Protocol No. IUS-RDC-	
*Filled by applicant	
Name and surname:	Email:
Title/ Position:	Phone:
Signature:	Submission date:
Purpose:	<input type="checkbox"/> Lab work consumables; <input type="checkbox"/> B.Sc. project; <input type="checkbox"/> M.Sc. project; <input type="checkbox"/> PhD project; <input type="checkbox"/> RDC maintenance; <input type="checkbox"/> Calibration/Service; <input type="checkbox"/> Other
Program:	Semester / Academic year:
Items/Services Requested:	TOTAL COST:
TECHNICAL JUSTIFICATION	
Describe the purpose, expected outcomes, and/or impact on research/teaching:	
APPROVALS	
Program Coordinator :	----- Name and signature
RDC manager:	----- Name and signature
FINAL APPROVAL	
Approved / Disapproved	RECTOR: -----
Last updated: 10 th April 2026.	