



Training Verification Form

This section is to be completed by the person being trained.

Equipment Being Trained On: _____

Date: _____

Name: _____

Banner ID: _____

Department: _____

Advisor Approval For Students:

As the student's faculty advisor, I approve their use of equipment in the Engineering Analytical Lab.

Faculty Advisor: _____

Signature: _____ Date: _____

Once training is complete, please complete the following section:

I agree to abide by all policies and procedures of the Engineering Analytical Lab.

Trainee Signature: _____ Date: _____

Trainer Name: _____

Trainer Signature: _____ Date: _____