

Case No. :

## Application Form for a Semi-Closed Greenhouse (for GM crops only) at NCHU

Application Date : \_\_\_\_\_ (DD/MM/YY)

	Name	Department	Position	Tel.
Applicant				
Operator				
Contact Person for Emergency				

Date of lease period: From \_\_\_\_\_ To \_\_\_\_\_ (DD/MM/YY)

Project title					
Type of plant					
Type of experiment	<input type="checkbox"/> Assessment of Inheritable Traits of GMO <input type="checkbox"/> Biosafety Assessment Tests <input type="checkbox"/> Other (please describe) :				
Greenhouse No.					
Project Period	From: To:				
Attachment					

● Signature of Applicant: \_\_\_\_\_

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**Reply of Biosafety Committee**

Result :  Approved       Not approved

Sign of biosafety committee (Review): \_\_\_\_\_(DD/MM/YY)

Sign of biosafety committee (Master): \_\_\_\_\_(DD/MM/YY)

Reason for non-approval : \_\_\_\_\_