

Laser Cutting Request Form

Name:					
Mecanographic number	r:				
E-mail:					
Mobile phone:					
Student MIARQ?		No Yes	Year		
The work fits in any Cui	rricular Unit?	No Yes	Which?		
Scope of work:					
Objective of the work:					
Detailed description of	the Work:				
Materials to be used an	d its characteris	stics:			
Desired planning	Start:		End:		
Ser	nd this form to t	he e-mail lct@arquit	ectura.uminho.pt attac	ching a CAD file.	
	Parts to be o	cut or engraved mus	t be placed on separa	te layers.	