HRTEM Facility User Application Form

Name: ________________________________ Position: __________

Primary Phone: ________________ Email: ______________________

Principal Investigator: ____________________ Email: ________________

Department: ________________________________

Project (if applicable): ________________________________

Have you had any of the following training?

☐ Laboratory Safety Series
☐ X-ray Safety Training

Have you had any experience on any of the following instruments:

☐ TEM Model: ___________________________ Years of Experience: ______
☐ SEM Model: ___________________________ Years of Experience: ______
☐ STEM Model: ___________________________ Years of Experience: ______
☐ EDX Model: ___________________________ Years of Experience: ______
☐ Other Microscopes: ______________________ Years of Experience: ______

Signature of Applicant: ________________________________

Signature of P. I.: ________________________________