**CAS Microscopy Facility User Request Form -- Spring 2005** Date _____

Name _____ Department _____

Service Demonstration

Group _____ Date(s) _____ Time(s) _____

Laboratory Instruction

Semester block lab _____ Day(s) _____ Time(s) _____

Individual Class/lab _____ Date(s) _____ Time(s) _____

Faculty Research Date(s) _____ Time(s) _____

Semester block Day(s) _____ Time(s) _____

Student Research (must have prior approval of faculty advisor and facility director)

Graduate Date(s)_____ Time(s) _____

Semester block Day(s) _____ Time(s) _____

Undergraduate Date(s)_____ Time(s) _____

Semester block Day(s) _____ Time(s) _____

Equipment (Research users, please estimate hours needed for the following)

Jena Lumar (DIC, Fluorescence) _____ Philips TEM _____

Quanta eSEM _____ Ultramicrotome _____

Critical Point Dryer _____ Darkroom _____

Sputter Coater _____ G5 Mac _____

Scanner _____

If you are a new research user, please attach a 1-2 page proposal. The Microscopy Facility will provide some start-up supplies. Additional supplies, or funds to cover the cost of supplies furnished by the facility, must be provided by the user.