

Facility Use Proposal Form and Training Request. To be completed and returned to Dr. Gang Liang, room 341P, JEB Building

Title of Research Project:

Funding Source (Agency): PO #:

1. About Your Investigators

<input type="checkbox"/> Primary User	Principal Investigator / Advisor
Name:	Name:
Department:	Department:
Office Ph:	Office Phone:
Email:	Email:

2. About Your Project

Which techniques do you require training for(check all that apply)?

- | | |
|------------------|--|
| Clean Room | Surface Analysis / Microscopy / Spectroscopy |
| spin coater | XPS |
| 3-D microscope | AFM |
| mask aligner | Nanoindenter |
| metal evaporator | Spectrofluorometer |
| profilometer | Raman/IR/AFM/NSOM |
| RIE | Confocal I |
| wire bonder | Confocal II (resonant scanning system) |
| UV-Vis | Ellipsometer |

Describe, for each technique requested, the type of information you would like to obtain. List performance requirements (e.g. sensitivity, resolution etc.).

List any other MCF instrumentation that you have been trained on / are using:

Describe the overall research project related to the work you intend to do at the MCF, and its scientific importance.

Describe any preliminary research you have performed.

Do you require floor access (non-CHEN researchers)? _____

Signature: Date:

Advisor's Signature: Date: