APPLICATION FORM FOR USING THE UMD CENTER FOR STATIC AND DYNAMIC LIGHT SCATTERING

User’s Name: __________________________  E-mail: __________________________

Department: __________________________  Advisor/Pl: __________________________

Phone: __________________________  FRS No: __________________________

Have you been trained to use the Facility (Y/N)?: ______________

Number of samples: __________________________

Briefly describe the samples: __________________________

Approximate concentration in vol %: __________________________

Temperature required: __________________________

Briefly explain your goals for carrying out light scattering. (For example: Do you intend to determine size, size distribution, study kinetics of aggregation etc.?)

________________________________________________________________________

________________________________________________________________________

Do you know size or size distribution from any other technique (microscopy or neutron scattering)?

Please explain.

________________________________________________________________________

User signature: __________________________  Date: __________________________

LS Center staff:

Number of hours spent for the project________________________ $$/hour: __________________________

FRA signature: __________________________  Date: __________________________

LS Center Director signature: __________________________  Date: __________________________