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

User’s Name: ___________________________           E-mail: ___________________________
Department: ___________________________           Advisor/PI: ___________________________
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: ___________________________

Date of work: ___________________________

LS Center Director signature: ___________________________           Date: ___________________________