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: _______________________

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LS Center staff:

Number of hours spent for the project________________________

FRA signature: _____________________________ Date: _______________________

LS Center Director signature: __________________________ Date: _______________________