Application Form to get trained to use the UMD Light Scattering Center’s Facilities

Name of the User: ______________________

Department: ______________________

Phone: ______________________

E-mail: ______________________

Advisor/PI: ______________________

FRS No: ______________________

Are you an undergraduate student / graduate student or other: __________

If others, please specify: __________

Briefly explain your research activity: (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: ______________________

Advisor signature: ______________________ Date: ______________________

Center Director: ______________________ Date: ______________________