

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 _____ \$\$/hour: _____

FRA signature: _____ Date: _____

LS Center Director signature: _____ Date: _____