

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: _____

Sessions: _____ \$\$/session: _____ Total \$\$ charged: _____

FRA signature: _____ Date: _____