Nanoscience @ UNM: User & Project Information Form

| Date: | UNM Technical Liaison Contact: | | | | | | |
|--|--------------------------------|---------|--|--------------------------------|-----|---------------|--|
| New Project Title: (please be short but descriptive) | | | | | | | |
| First Name: | Last Name: | | | | | | |
| Organization or Institution: | | | | | | | |
| Department: | | | | | | | |
| Mailing Address: (where you receive business related mail) | City: | | | State or Country: | | Zip Code: | |
| Mailing Address: (where you want invoices sent, if different from above) | City: | | | State or Country: | | Zip Code: | |
| Attn: Phone # (primary / alternate): | FAX #: | | | Email Address (primary / alter | | / alternate): | |
| 1. 2. | | | | 1. 2. | | | |
| Emergency Contact Name and Phone (please include relationship, e.g., friend, spouse, coworker, etc.): (Required if personally using the lab.) | | | | | | | |
| Project Principal Investigator (PI)* or Responsible Manager: | | | Email address for PI or Responsible Manager: | | | | |
| Accounting Details for External Users | | | Accounting Details for Internal Users | | | | |
| Purchase Order #: | | | BANNER Index Code: | | | | |
| or Credit Card Issuer (MC or VISA Only): | | | Dept Name | | | | |
| Accounting contacts | | Mailing | Address | | | | |
| | | | Mailing Address PO Box or Street: | | | | |
| Email: | Name: | | FO Box of Street. | | | | |
| | | City: | City: | | | | |
| | | | ZIP code: | | | | |
| or Co | | | untry | | | | |
| Personnel expected to work on this project: (add additional sheets as necessary) | | | | | | | |
| Name: | | | Tit | le or Functio | on: | | |

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| Contamination control (any substrate metarials responsed suitaids Nanagaignes @ UNIM must be appropriate to brings | | | | | | |
|--|--|--|--|--|--|--|
| Contamination control (any substrate materials processed outside Nanoscience @ UNM must be approved by the appropriate technical | | | | | | |
| liaison): | | | | | | |
| - Please list or describe material requirements for your project. For example, do you require substrate wafers, unusual or new chemicals, etc? | | | | | | |
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| Objectives (A brief statement of the general purpose for this project?) | | | | | | |
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| | | | | | | |
| Technical approach (A brief and general description of how you propose to build your device. Cite email or other correspondence in lieu of this | | | | | | |
| | | | | | | |
| paragraph.): | | | | | | |
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| Project Review - Signature Approval | | | | | | | |
|-------------------------------------|------------|----------------|----------------------------------|--|--|--|--|
| Reviewed by: | Signature: | Date Approved: | | | | | |
| Rick Bradley | | | Lab Manager | | | | |
| Majeed Hayat | | | Associate Director - CHTM | | | | |
| Ganesh Balakrishnan | | | Assistant Professor – MBE grower | | | | |
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Synopsis of issues or concerns:

1.)

2.)

3.)

4.)

Last Updated: 8/30/2013