

**C@95BFCCA 'HCC@TRAINING REQUEST FORM**

PLEASE **FILL OUT** THIS FILLABLE PDF OR **TYPE/PRINT** THE INFORMATION REQUESTED. PLEASE FILL OUT A SEPERATE FORM FOR EACH INSTRUMENT.

**INSTRUMENT:**

*Training prerequisites and Notes:*

*(1) XPG2 EBL pattern generator Requires: JEOL SEM Training*

**USER INFORMATION:**

Please Type or Print Clearly

USER NAME: \_\_\_\_\_ EUID #: \_\_\_\_\_

DEPARTMENT/COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADVISOR'S NAME: \_\_\_\_\_

ADVISOR'S E-MAIL: \_\_\_\_\_

ADVISOR'S SIGNATURE \_\_\_\_\_

*The signer is agreeing to take financial responsibility for the cost of the training and use of the instrument by this user. See [http://nanofabrication.unt.edu/sites/default/files/unt\\_cleanroom\\_user\\_fee\\_12\\_15\\_14.pdf](http://nanofabrication.unt.edu/sites/default/files/unt_cleanroom_user_fee_12_15_14.pdf) for equipment rates and usage policies.*

**TRAINING INFORMATION:**

Please Type or Print Clearly

Have you taken a characterization class covering this technique? If yes, which one and when? Yes  No

\_\_\_\_\_

Do you have any previous experience operating this type of instrument? If yes, please explain. Yes  No

\_\_\_\_\_

What do you hope to measure with this instrument?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What materials do you anticipate analyzing with this instrument?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often do you anticipate using this instrument during the week? \_\_\_\_\_ hours

Email the completed form to [ubvuc@unt.edu](mailto:ubvuc@unt.edu) or deliver the completed & signed form to room E-178 of the UNT Research Park