Training Request for NSTC Facilities

Please complete this form and return to the Lab Manager to initiate the training process.

Instrument: _____   Date: _____

User Information:

User Name: _____   UCF PID: _____

Department: _____   Office Phone: _____

e-mail: _____   Cell Phone: _____

Status (check one):   undergraduate   graduate   PostDoc

    technician   PI   other (specify):_____

Affiliation(s) (check applicable):   UCF NSTC   UCF AMPAC   other UCF

    non-UCF academic:_____   industry/government: _____

Expected degree/project completion date: _____

Have you completed UCF's Lab Safety training*? (check one)   Yes   No
    * You are required to complete lab safety training before you can use any lab facilities at UCF

Advisor Information:

Advisor Name: _____   Phone: _____

Department: _____   e-mail: _____

Affiliation(s) (check applicable):   UCF NSTC   UCF AMPAC   other UCF

    non-UCF academic:_____   non-UCF industry/government: _____

Please write a brief description of what you plan to do using this instrument: _____

_____

_____

      I have read NSTC's Shared Instrumentation User Policy and will abide by the rules and policies therein.

Applicant's signature:

Advisor's signature:.