

# 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:.

**OFFICE USE ONLY**      date received: \_\_\_\_\_      training authorized:      Yes      No  
scheduled training date: \_\_\_\_\_      trainer: \_\_\_\_\_      date training completed: \_\_\_\_\_