Authorization Agreement for use of The University of Michigan Materials Science and Engineering Department (MSE) Laboratory

The project director, whose signature appears below, hereby acknowledges that the following researcher is authorized to use the instruments indicated. The time and materials consumed in using these instruments will be charged to the specified project grant.

Authorized Users Inform	ation			
Name:	first name	last name	_	
Position:		-		
Dept:		=		
Room & Bldg.:			ZIP : 48109	
Email Address:			Phone:	
Signature:			Date:	
Instruments in Dow Building, Instruments in Gerstacker Bu				
Instruments Authorized	☐ BEDE X-Ray ☐ Bruker Discover D8	☐ Miniflex-Rigaku ☐ SEM - Philips XL30	Note	
An X appears for each	☐ Bruker NanoStar	☐ XRD Rigaku	All XRD equipment wil need X-ray safety Trainin	
(To be initialed by	□ DSC□ Hummer/Sputtercoater		need A-ray safety Training	
trainer.) .				
<u>Director Information</u>				
Name: .	final name			
Dept:	first name	last name		
Room & Bldg.:			ZIP: 48109	
Email Address:			Phone:	
Signature:		Date:		
Account Information				
M-Pathways Chartfields	:	Shortcod	e:	
Business Unit: <u>UMICH</u>		Program:		
Fund:		_	Project Grant:	
Department ID:		SubClass_i	cr:	
ending Limit (if any):				