



Physics/Chemistry/Neuroscience Institute/
Public Health/Nutrition Dept.

Name: _____

Date: _____

PSC, NSC or Kell/Room No.: _____

E-mail Address: _____

Cell Phone #: _____

Lab Phone #: _____

Mentor's Name: _____

Return to: Debby Walthall, PSC 519 with a copy
front and back of your Panthercard

Rm #	Equipment to be Used	Access
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PSC 555, 543

Vacufuge	<input type="checkbox"/>
Lyophilizer	<input type="checkbox"/>

Applicant Signature:

*As a member of the Research Faculty in the Department/Institute of _____, I understand that my **Department/Institute and I are responsible for any damage** that may occur as a result of the use (or misuse) of the core facility by the student/staff member (named above).

Mentor's Signature:

Approval by Dept. Chair*:

Panther Card No. (# on front of Card)

601708_____

Authorization:
