



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
------	----------------------	--------

NSC 488/Kell 405

Scintillation counter

☐

Applicant Signature:

As a member of the Research Faculty in the Biology-Department, I understand that my **Department 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:

Panther Card No. (# on front of Card)

601708_____

Authorization:
