



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**

543/555

Ultracentrifuges

☐

**NSC**

460

Ultracentrifuges

☐

**Kell Hall**

405

Ultracentrifuges

☐

**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:**

\_\_\_\_\_