Name (print): _____

E-mail: _____

Lab Phone extension: _____ Other Phone # if appropriate: _____

Date: _____

Group Supervisor: _____

CCOA Project Number for Facility Usage Charge: _____

Status (check one):

___ Undergraduate Student ___ Graduate Student

___ Exchange student ___ Visiting Scholar

___ Postdoc ___ Faculty/Staff

___ Other, Organization Name:_____

Prior experience with NMR Spectrometer

___ None ___ Some ___A lot

Spectrometer used previously if applicable

___ Varian ___ Bruker ___ JEOL ___ Other

Expected frequency of spectrometer usage

___ At least once a week

___ Once every month

___ Once every few months or longer