Research Project Application
(PLEASE TYPE)

Date: ________________________________
Project Number (To Be Assigned)

Project Title: ____________________________

Research Applicant Name: ____________________________

Title / Degree: ____________________________

Department: ____________________________

Institution / Company: ____________________________

Telephone Number: ____________________________ Email: ____________________________

Applicant’s Supervisor Name ____________________________

Does the proposed research or a related project have existing funding support? If so, please give the source of agency and grant number. Please also provide the names, addresses, titles, and affiliations of all personnel with the project:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please describe your proposed experiment on a separate sheet and include with this application the Curriculum Vitae of the Research Applicant Supervisor and any other co-workers who will serve in supervisory roles.

Facilities you will need: ____________________________

Lasers: ____________________________

Support equipment: ____________________________

Any special assistance? ____________________________

Date you would like to start: ____________________________

Additional remarks ____________________________

Does project entail use of a toxic or hazardous chemical or substance? Yes ☐ No ☐

If yes please supply details.

AGREEMENT
We as representatives of Company or Institution have read the LBRC Facilities Guidelines and agree to all the conditions for use of the facilities. We further agree to waive all claims for personal injury, property damage or of any other nature resulting from work preformed at the LBRC.

_________________________________________  ________________
Applicant’s Signature  Authorized Administrative Officer

_________________________________________
Supervisor’s Signature

_________________________________________
Title  Date  Title  Date