



**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 performed at the LBRC.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Authorized Administrative Officer

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date