

X-Ray Account Form

for NEW and RENEWING Users

(Circle NEW or RENEWING)

All Users Complete this Section

User Information

First Name _____

Last Name _____

Office Address _____

Office Phone Number _____

e-mail address _____

(Print clearly!)

Supervisor Information

Supervisor's Name _____

Supervisor's Signature _____

Budget Information

Budget Number _____

Fund Number _____

Expiration Date _____

Confirmation by Accounting Office

Signature _____

Note: The MRL accounting office (room 201), or the appropriate accounting office if this is not an MRL fund, must sign this form before an x-ray account will be established or renewed. If this is not an MRL fund, please provide the phone number of the person authorizing the use of the fund.

New Users Complete this Section

Training

What kind of x-ray training do you need? Check all that apply. Each piece of equipment requires a separate training session. (approx 1.5 hours)

_____ Powder Diffraction (S1/S2)

_____ Thin Film Diffraction (S3)

_____ Rigaku Laue

_____ Multiwire Real Time Laue

_____ Bruker Four Circle

Time

Please List Days and Times that you are generally available for training.

Have you passed the X-ray Safety Class?

Yes

No

Do you have a dosimeter? Yes No

Do NOT write in this box.

Username _____

Initial Password _____

New

Renew

Account

Date

Folder

Database

Share

Database

Trained S1/S2 S3 S3-TF L RTL 4C

Date _____

Complete this form and return to Nichole Wonderling, Room 159 MRL

Questions: Contact Nichole at 863-1369 or nmw10@psu.edu

Account Deleted on _____

Files Sent to Advisor on _____

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