

REQUEST FOR USE OF CMU NANOFACILITY BY PITT PERSONNEL

To be completed by the PI and submitted to the PINSE Director

PI Name	
Additional Personnel to Use Facility Under Project	
Project Title	
All Possible Funding Sources for Project	
Time Period for Project	

I request access to the CMU Nanofacility for completion of the following work (brief description):

I cannot complete this work in the PINSE Nano-Fabrication and -Characterization Facility because: (check applicable justification and provide brief response)

Use of the following equipment, unique to the CMU facility is required.

Use of the following equipment, which is not available at PINSE within the time frame necessary to complete my research.

My research requires use of the following equipment in sequence, and one or more pieces of the following equipment is available at CMU but not at PINSE.

I will not incur total costs at CMU in excess of [\$00000.00] for this project, and I will abide by all training requirements and site rules at the CMU facility. My department will be responsible for all costs incurred by me at CMU.

PI Signature _____ Date _____

Department Chair Approval _____ Date _____

PINSE Director Approval _____ Date _____

If funding sources, time periods, or personnel for this project change, please notify PINSE. The agreement must be updated.