

Department of Chemistry
National University of Singapore
APPLICATION FOR USE OF SEM FACILITIES

USER'S PARTICULARS			
Name		Designation in NUS*	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Staff <input type="checkbox"/> Others
Email		Tel	
Department/Company			
Sample Description		Brief Description of Analysis Requirements	
1. Elements presented:			
2. Thin film/powder/polycrystalline/single-crystal:			
3. Risk Assessments should be attached			
SUPERVISOR'S PARTICULARS			
Name/ Signature			
Email		Tel	
Department/Company			
Account Chargeable			
Billing Address			

* Please tick appropriate box.

For Official Use:

Analysis Date	
Analysis Time	
Requestor	
Signature	