

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

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

\* Please tick appropriate box.

For Official Use:

Analysis Date	
Analysis Time	
Requestor	
Signature	