

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

USER'S PARTICULARS						
<b>Name</b>					<b>Designation in NUS*</b>	<input type="checkbox"/> Undergraduate
<b>Prior Experience in NUS*</b>	DBS <input type="checkbox"/>	Med <input type="checkbox"/>	MSE <input type="checkbox"/>	Nil <input type="checkbox"/>		<input type="checkbox"/> Postgraduate
<b>Email</b>					<b>Tel</b>	<input type="checkbox"/> Staff
<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	