Research Project Application  
(PLEASE TYPE)

Date: ________________________________  Project Number (To Be Assigned)

Project Title: ________________________________

Research Applicant Name: ________________________________

Title / Degree: ________________________________

Department: ________________________________

Institution / Company: ________________________________

Telephone Number: ________________________________  Email: ________________________________

Applicant’s Supervisor Name: ________________________________

Does the proposed research or a related project have existing funding support? If so, please give the source of agency and grant number. Please also provide the names, addresses, titles, and affiliations of all personnel with the project:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please describe your proposed experiment on a separate sheet and include with this application the Curriculum Vitae of the Research Applicant Supervisor and any other co-workers who will serve in supervisory roles.

Facilities you will need: ________________________________

Lasers: ________________________________

Support equipment: ________________________________

Any special assistance? ________________________________

Date you would like to start: ________________________________

Additional remarks: ________________________________

Does project entail use of a toxic or hazardous chemical or substance?  Yes ☐  No ☐

If yes please supply details.

AGREEMENT

We as representatives of ________________________________  Company or Institution

have read the LBRC Facilities Guidelines and the Department of Chemistry, Chemical Hygiene Plan & Safety Manual and agree to all the conditions for use of the facilities. We further agree to waive all claims for personal injury, property damage or of any other nature resulting from work preformed at the LBRC.

________________________________________________________________________

__________________________________________  __________________________________________

Applicant’s Signature  Authorized Administrative Officer

________________________________________________________________________

__________________________________________

Supervisor’s Signature

Title  Date

Title  Date