

Center for Nanostructured Materials: Request for Service

User Information

Name: _____

Advisor: _____

Phone: _____

E-mail: _____

Department: _____

Today's Date: _____

For Non-CNM Users

Account # _____

Approved by: _____

(Signature of Account Holder)

Instrument(s) to be used, check all that apply

AFM/STM

EPR

Raman

SQUID

XPS

XRD (powder or thin film)

XRD (single crystal)

Project Description:

Please bring completed form to:

Dr. Muhammed Yousufuddin

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Arlington, TX 76019-0065

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