MASS SPECTROMETRY RESEARCH CENTER CLASS SIGN-UP SHEET

[For Records/Auditing Purposes Only: There Is No Charge For The Class]

Date: __________________________

MSRC Training Course:

_____ MALDI    _____ LC/MS    _____ GC/MS

User Name (Last Name, First Name, Middle Initial)

______________________________________________________________

Academic Level:

-Student  _____  -Graduate Student  _____  -Faculty  _____
-Fellow, MD  _____  -Fellow, PhD  _____  -Visiting Scholar  _____
-Research Assistant  _____  -Research Associate  _____

Department: _______________________________________________________

Lab Location: (Room Number & Building Code and/or Name) _________________________

Telephone Number: _________________________________________________

Fax Number: _______________________________________________________

E-mail Address: _______________________________________________________

Supervisor’s Name or Program Leader’s Name: (Last Name, First Name, Middle Initial)

______________________________________________________________

Supervisor’s or Program Leader’s Office Location: _________________________________

Supervisor’s or Program Leader’s Telephone Number: _____________________________

Supervisor’s or Program Leader’s E-mail Address: _________________________________

Administrative Officer and/or Business Manager’s Name:

______________________________________________________________

Administrative Officer and/or Business Manager’s Location: (Room Number & Building Code/Name) _________________________
Administrative Officer and/or Business Manager’s Telephone Number: 

Administrative Officer and/or Business Manager’s E-mail Address: 

Funding Source For Your Research Project:  
- AHA _____  - DOD _____  - HHMI _____  - NCI _____  
- NIH _____  - Other _____  - VA _____  

Grant Name or Grant Number For Your Research Project: 

Program Title Of Grant: 

Fiscal Year Start Date Of Grant (Month/Day/Year): 

Fiscal Year Stop Date Of Grant (Month/Day/Year): 

Inception Date Of Grant (Month/Day/Year): 

Completion Date Of Grant (Month/Day/Year): 

Comments: 

Please bring your completed form by the Mass Spec Core Office of 9126 MRB III or fax to 343-1268.