Biological Science Imaging Resource
119 Bio Unit I, 4370

Project Information Form

Name _____ Date _____

Telephone (lab)_____ (office) _____ (cell)_____

E-mail _____ Department _____ Room # _____

Position: Faculty ☐ Graduate Student ☐ Post Doctoral ☐ Undergrad ☐

Faculty Advisor _____

Phone # _____ E-mail _____

Description of research

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Faculty Advisor or PI authorization:

I am aware that the above individual is authorized to use said lab and will be responsible for fees incurred

Signature _____ Date _____