

Microfabrication Project Proposal Form

Principle Investigator: (Person responsible for project)

Name: _____ E-Mail Address: _____

Department: _____ Phone Number: _____

Project Information:

Project Title: _____

Funding Agency: _____ Funding Amount: _____

Budget Code (if applicable): _____ Project Expiration: _____

Brief Project Description: (include information on materials, chemicals and equipment, use separate sheet if needed)

Project Application Agreement:

- PI and co-workers agree to submit to CAMD a copy of all publications resulting from this project.
- PI or co-workers agrees to submit a summary of the project for the CAMD annual report due yearly by Jan 15 of the next year.
- Yearly updates of this form are required for any changes to the project.
- PI and/or co-workers will inform CAMD about any changes of personnel working on the project (2nd page of form).
- PI and co-workers under the same PRN agree to include the following statement in publications and/ or presentations about work performed at CAMD or affiliated with CAMD staff contributions: “ **This work was supported in part by the Center for Advanced Microstructures and Devices at Louisiana State University** “
- PI Signature _____ Date _____

OFFICE USE ONLY: Project Approved by _____ Safety Approval _____

PRN # _____ Date _____

User Information: (List of person(s) who would work at CAMD, primary researcher(s))

PRN # _____

Name: _____ E-mail Address: _____

Student _____ Staff _____ Post-Doc _____ Other _____

Access Requirements: CAMD Hall Clean Room Regular Hours (8am-5pm) After Hours and Weekend Access

Users Signature _____ Date _____

Name: _____ E-mail Address: _____

Student _____ Staff _____ Post-Doc _____ Other _____

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