

Application: Ultima IV XRD User

DATE:			
USER NAME:		USER PHONE:	
USER EMAIL:			
SUPERVISOR NAME:		SUPERVISOR EMAIL:	
DEFAULT ACCOUNT NUMBER TO BE CHARGED			
Do you have a radiation badge? (circle one)	Y N		

Please describe your previous experience with x-ray diffractometers:

What types of measurements do you anticipate making? (powder diffraction, high temperature, SAXS, etc.)

What types of samples do you anticipate measuring? (chemical composition, power/film/bulk, etc.)

I understand that my use of this facility is contingent upon my following the required procedures, completing the required training and using the facility in a responsible manner. The grant above will be charged \$39.36/hour for assisted time and the required two-hour training session and \$17.73 for machine time without assistance from the facility supervisor. The assisted time rate will apply until you have been approved as an independent user.

SIGNED: _____ DATE: _____

Please email the completed application to mlr083000@utdallas.edu to start processing. Bring the signed application with you to your training session.

FACILITY USE ONLY:

Date Received: _____

Date of Training: _____

Date approved for independent use: _____