Graduate Center for Materials Research
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MRC/SPM Request Form

Request #_____

Date In_____ **Date Completed_____**

Name_____ **MO-Code_____**

Phone #_____ **E-mail_____**

TYPE OF SCANNING PROBE MICROSCOPY:*

Scanning Tunneling Microscopy_____# of tips used_____

Contact Mode AFM_____# of tips used_____

Tapping Mode AFM _____# of tips used_____

Other_____# of tips used_____

Sample Name*	Image Filename	Sample Description*

Please list magnification of images, draw a map of samples with specific areas for examination and add other sample information to expedite request.*

Advisor Signature_____ **Date_____**