



University of
Science & Technology

AMCL Faculty Authorization Form

PRIOR to using the AMCL electron microscopes, print, fill out form (on-line if possible), and obtain an advisor signature. Failure to do so can result in scope user privileges being revoked or canceled appointment.

FILL in ALL blanks that are marked with an *
Print first and last names.

Date of use * (mm/dd/yy)	<input type="text"/>	MoCode/Match MoCode*	<input type="text"/>
Start time*	<input type="text"/>	End Time*	<input type="text"/>
Operator*	<input type="text"/>		
Name*	<input type="text"/>	Advisor*	<input type="text"/>
E-mail*	<input type="text"/>	Advisor Signature*	<input type="text"/>
Phone Number *	<input type="text"/>	Max Hours Authorized*	<input type="text"/>

<i>Instrument</i>	<i>Location</i>	<i>Select</i>	<i>Staff in Charge of Instrument</i>	<i>Contact E-Mail</i>	<i>Contact Phone #</i>
Hitachi S-4700	B-18D McNutt		Dr. Clarissa Wisner	cvierret@mst.edu	573-341-4393
Helios Nanolab 600	B-18A McNutt		Dr. Jessica TerBush	terbushj@mst.edu	573-341-6467
Tecnai F20	B-18B McNutt		Dr. Jessica TerBush	terbushj@mst.edu	573-341-6467

Notes concerning usage of the instrument - if you have a problem, please list the problem. If you have concerns, please list them.