



Application for Approved User Status

Name: _____ Email: _____

Instrument	Requirements	Experience	User Status	Initials	Date
Hitachi S570 B18E McNutt Hall	Preferred: Met 313 Accepted: Previous experience/course Other: Need based/individual training	6 hours of S570 use in the past 3 months	Supervised		
			Unsupervised		
Hitachi S4700 B18-C McNutt Hall	Preferred: Met 313 Accepted: Previous experience/course Other: Need based/individual training	6 hours of S4700 use in the past 3 months	Supervised		
			Unsupervised		
FEI Helios 600 B18-A McNutt Hall	Preferred: Met 313 Accepted: Previous experience/course Other: Need based/individual training	SEM – 6 hours EBSD – 9 hours STEM – 9 hours FIB – 9 hours Use in the past 3 months	Supervised		
			Unsupervised		
FEI Tecnai F20 B18-B McNutt Hall	Preferred: Met 414 Accepted: Previous experience/course Other: Need based/individual training	12 hours of Tecnai use in the past 3 months	Supervised		
			Unsupervised		

If supervised user, status will be upgraded to unsupervised user upon completion of:

This approved user status will remain in effect as long as a minimum of 20 hours of use is recorded in any 6 month period.

This approved status is granted with the understanding that, in the unlikely event that the instrument operator is unavailable due to unforeseen circumstances, the above named researcher may be asked to temporarily operate the instrument for other users who are not unsupervised users.

Any misuse of this privilege will result in revocation of this status. Misuse includes, but is not limited to habitual tardiness for reserved sessions, missed reserved sessions, misuse of the instrument in any manner, allowing unauthorized users to operate equipment, or failure to log usage hours. **A 24 hour cancellation notice is needed or you may be charged for your appointed time.**

APPROVED

_____ - _____ Date: _____ (staff member responsible for instrument)
(print name) (signature)

_____ - _____ Date: _____ (Advisor)
(print name) (signature)

_____ - _____ Date: _____ (Director, AMCL)
(print name) (signature)

_____ - _____ Date: _____ (Director, MRC)
(print name) (signature)