

CNS User Program Application Form– for Harvard users

Instructions:

1. Complete ALL 5 sections of Application Form
2. Combine with Registration Form and Safety Form to create complete enrollment packet
Send or bring completed enrollment packet to: CNS Admin Office, Attn: Jim Reynolds,
11 Oxford St., LISE 304, Cambridge, MA 02138. Alternatively, you can email packet
to: nninapply@cns.fas.harvard.edu or fax to 617-384-7302

1. PROJECT TITLE:

2. Principal Investigator (PI) Information

PLEASE PRINT CLEARLY

Last Name:		First Name:	
Institution:		PI Title:	
Department:			
Address:			
City:		State:	
Phone: <small>Please include area code</small>		Zip Code:	
e-mail:			

3. User Information

PLEASE PRINT CLEARLY

Last Name:		First Name:	
Institution:		User Title:	
Department:			
Address:			
City:		State:	
Phone: <small>Please include area code</small>		Zip Code:	
Email:			
Date to Start:		Estimated Duration:	

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4. Please use the space below to include a proposal for work to be performed at CNS facilities. Proposal to include the following: Project summary, Objective, Approach, Justification for using CNS facilities and list the equipment you would like to use. (attaching a separate piece of paper or file is allowable for section 4)

5. List below the materials (chemicals, biologicals, nanomaterials) you hope to be bring to CNS and describe how you will be handling these materials:

Each material (exceptions: TEM and SEM samples that are non-infectious or non-hazardous liquids/solids) you bring in ***may*** need a Materials Request Form found on the CNS website in the User section under forms.