**Please complete all of the following fields:**

|  |  |
| --- | --- |
| **DATE:** |  |
| **DESIRED CNI FACILITIES****(check all that apply)** | [ ]  Nanofabrication Cleanroom[ ]  Shared Material Characterization Lab[ ]  Electron Microscopy Lab |
| **USER NAME** |  |
| **PI NAME** |  |
| **PI UNI** |  |
| **PI ADDRESS** |  |
| **PI PHONE** |  |
| **DEPARTMENT NAME** |  |
| **DEPARTMENT NUMBER** |  |
| **PROJECT NUMBER** |  |
| **ACTIVITY NUMBER** |  |
| **INITIATIVE** |  |
| **SEGMENT** |  |
| **PROJECT TITLE** |  |
| **PROJECT START DATE** |  |
| **PROJECT END DATE** |  |
| **SIGNATURE of PI or GROUP ADMIN** |  |
| **PRINT NAME** |  |