



Envision Tomorrow

For information/questions contact the USIF STAFF:

(520) 621-5097

usif@email.arizona.edu

We must receive this completed form before work on your project can begin.

Date: _____

CLIENT NAME: _____ (Person requesting operator privilege)

Email: _____ Phone: _____

UNIVERSITY OF ARIZONA CLIENTS

SPONSOR/PI: _____ (U.A. Faculty member)

Email: _____ Phone: _____

DEPARTMENT or UNIT: _____

ACCOUNT#: _____ END DATE: _____

(No work to be done past this date)

Accounting Contact: _____

Email: _____ Phone: _____

TRAINING INFORMATION

Table with 3 columns: Course Name, Date Completed, Practical Completion Date. Rows include USIF Course, MSE Course, and Authorized Instrument.

PROJECT DESCRIPTION: Provide a brief description of your project to be conducted in USIF.

Large empty box for project description.

I/We the undersigned have read and understand this policy and agree to abide by all regulations and procedures regarding use of the USIF. I/We also certify that funding is available for the above work, and that all information above is correct.

PI / U.A. Faculty Member

Date

Researcher/Operator

Date