

Request for NMR training

To qualify for training on (circle one) Varian 400 MHz NMR Varian 500 MHz NMR
Please have your research director fill in the following form and return to the NMR staffs.

Your login username: _____ (for creating your account, 8 character limit). Email address: _____ (must provide your email address)

I recommend that _____ (PLEASE PRINT)
be trained on the department's NMR spectrometer circled above. It is my assessment that he/she is sufficiently and has appropriate laboratory skill to be allowed to operate this system.

I accept responsibility for the payment of NMR use charges for the time used by this person.

I promise to make this person aware of memoranda distributed to me pertaining to operation of the NMR lab.

Signature of Research Advisor

Date

DO NOT WRITE BELOW THIS LINE – FOR NMR LAB USE ONLY

Date/Initials

_____ Work station skill approved

_____ Spectrometer skill approved

Operation notations: