

NANO FABRICATION CORE FACILITY

Usage Proposal Form

Name: _____

Date: _____

Home Phone: _____ Work Phone: _____

Email: _____

Usage Period From _____ to: _____

Company / Institution: _____

Position/Title _____

Address: _____

Advisor: _____

Account Info: _____

Microchip Fabrication Classes (Please list all courses taken)

It is necessary for nFab management to review your intended research project. Please attach an outline listing your procedure. It should include the tools and chemicals that you intend on using in the lab. This outline must be typed. This outline must be shown to your advisor and signed by him.

**Note: Please submit completed form to Bill Funk or Dan Durisin, office 3153
Ph #: 313-577-9529**

Bill Funk e-mail: aa9262@wayne.edu

Dan Durisin e-mail: ab6954@wayne.edu

This section for nFab management. Please get signatures from Lab Manager & Director

Approved By Lab Manager: _____ Date: _____

Approved By Lab Director: _____ Date: _____

**(Lab Director: Dr. Mark Cheng, eb4378@wayne.edu,
Office#:3140, Engineering, 313-577-5462)**

No fee usage for this project:

Approved By: _____ Date: _____