

GSU Chemistry Department NMR Facility

New User Training Request

Date: _____

Your name (please print): _____
(last name) (first name)

Supervisor: _____

Department: _____ Institution: _____

Your office or lab room number and building: _____

Your phone number: office/lab _____ Cell: _____

Your GSU email address: _____

Your status (check all that apply): Graduate Student ___ MS ___ PhD ___

Undergraduate Student ___ Postdoctoral Associate ___

Visiting Scholar ___ Exchange Student ___ Faculty/Staff _____

NMR spectrometer you request training on (check all that apply):

NSC Bruker Avance 400 _____

PSC Bruker Avance 400 _____

NSC Bruker Avance 600 _____

Prior experience in FT-NMR spectrometer operation (please specify what NMR spectrometers you have operated, for how long, where, and the nature of NMR experience e.g., 1D NMR, 2D NMR etc.): _____

Have you taken Chem 4050/6050 for credit at GSU? _____ If yes, when? _____

Your signature: _____

Account to charge: _____

PI's signature for usage charge authorization: _____

Date: _____