



THE FREDERICK SEITZ MATERIALS RESEARCH LABORATORY

FSMRL Central Facilities: Facility Use Proposal Form for Academic Research

For information gathering only, required electronic form at: <http://facilities.mrl.uiuc.edu/proposal/>  
 Paper form is no longer accepted.

<b>Title of Research Proposal:</b>	
<b>Funding Source (Agency):</b>	<b>Banner Account No. for University of Illinois users:</b>
<b>Proposal is:</b> <input type="checkbox"/> New <input type="checkbox"/> Change of scope	
<b>Subject of proposal:</b> <input type="checkbox"/> Materials Science <input type="checkbox"/> Physics <input type="checkbox"/> Chemistry <input type="checkbox"/> Polymers <input type="checkbox"/> Medical Applications <input type="checkbox"/> Biological & Life Sciences <b>Check all that apply</b> <input type="checkbox"/> Earth Sciences <input type="checkbox"/> Environmental Sciences <input type="checkbox"/> Optics <input type="checkbox"/> Engineering <input type="checkbox"/> Instrument development <input type="checkbox"/> Other	

**1. About Your Investigators (check those intending to perform on-site research at the MRL)**

<input type="checkbox"/> <b>Facility User:</b>		<input type="checkbox"/> <b>Principal Investigator / Faculty Advisor:</b>	
First Name:		First Name:	
Last Name:		Last Name:	
Department/Employer:		Department/Employer:	
Employment Level:	Citizenship:	Employment Level:	Citizenship:
Work Address:		Work Address:	
		Work Phone:	
Work Phone:		Email:	
Email:		Is this person also to be a user? <input type="checkbox"/> yes <input type="checkbox"/> No	
(Optional) FAX:		(Optional) FAX:	
(Optional) Alternate Phone (cell/lab):		(Optional) Alternate Phone (cell/lab):	

<b>Collaborators and Contacts (i.e. FSMRL facilities staff):</b>

**2. About Your Project**

<b>Which general techniques do you intend to use (check all that apply)?</b>			
<b>Center for Microanalysis of Materials</b>			
<b>Electron Microscopy</b>	<b>Surface Analysis</b>	<b>Scanning Probe Microscopy</b>	<b>X-ray Diffraction &amp; Scattering</b>
<input type="checkbox"/> SEM <input type="checkbox"/> EDX <input type="checkbox"/> FEG <input type="checkbox"/> CL <input type="checkbox"/> EBSP <input type="checkbox"/> FIB <input type="checkbox"/> Cross-section <input type="checkbox"/> TEM Preparation <input type="checkbox"/> Nano-Fabrication <input type="checkbox"/> TEM / <input type="checkbox"/> STEM <input type="checkbox"/> EDX <input type="checkbox"/> FEG <input type="checkbox"/> HR <input type="checkbox"/> GIF <input type="checkbox"/> PEELS <input type="checkbox"/> LEEM*	<input type="checkbox"/> AES (Auger) <input type="checkbox"/> SIMS <input type="checkbox"/> TOF-SIMS <input type="checkbox"/> XPS / ESCA  <b>Accelerator Based</b> <input type="checkbox"/> RBS <input type="checkbox"/> Ion Implant* <input type="checkbox"/> Other (detail below)	<input type="checkbox"/> AFM <input type="checkbox"/> UHV-SPM* <input type="checkbox"/> STM* <input type="checkbox"/> UHV VT-STM  <input type="checkbox"/> Nano-Indentation <input type="checkbox"/> Nano-Scratch <input type="checkbox"/> Profilometry	<input type="checkbox"/> High Resolution XRD <input type="checkbox"/> Powder Diffraction <input type="checkbox"/> Four Circle XRD <input type="checkbox"/> SAXS <input type="checkbox"/> XRF <input type="checkbox"/> Other (detail below) <hr/> <b>Other</b> <input type="checkbox"/> Optical Microscopy <input type="checkbox"/> Specimen Preparation
* These techniques require a more detailed proposal and/or research plan (contact appropriate staff member for info)			



### 3. About Your Needs

<b>How would you rate your (the primary user) experience (hands-on) with same/similar materials characterization or fabrication techniques as requested:</b> <input type="checkbox"/> Novice <input type="checkbox"/> Some Knowledge <input type="checkbox"/> Experienced <input type="checkbox"/> Extensive Experience <input type="checkbox"/> Expert
<b>Do you want instrument training (required for self use, regardless of prior experience)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for which investigator(s) and for which technique(s)? Please also include information about prior experience for the investigators to be trained?
<b>Indicate your anticipated need for staff assistance while performing the proposed experiments:</b> <input type="checkbox"/> Extensive <input type="checkbox"/> Some <input type="checkbox"/> Little <input type="checkbox"/> None
<b>Anticipated extent of any specimen preparation in the FSMRL Facilities:</b>

Usage Agreement:

This proposal process is for academic research usage of the facilities and access to the expertise available at the Frederick Seitz Materials Research Laboratory Central Facilities at the University of Illinois at Urbana – Champaign. A *University of Illinois Facilities Usage Agreement* must also be executed if any work (i.e. "hands-on") is to be performed by the user at the University of Illinois.

Note: Usage that is proprietary or connected with a proprietary project requires the execution of a *University of Illinois Technical Testing Agreement*, instead of this form. These forms may be obtained from a center staff member or the FSMRL offices.

Intent-to-publish. As a condition for performing nonproprietary academic research at the FSMRL Central Facilities, users are expected to publish any publishable results obtained from the research at the FSMRL. The following acknowledgement must be included in all publications that incorporate any results obtained through the FSMRL facilities:

***... was carried out in part in the Frederick Seitz Materials Research Laboratory Central Facilities, University of Illinois, which is partially supported by the U.S. Department of Energy under grants DE-FG02-07ER46453 and DE-FG02-07ER46471.***

The staff of the FSMRL Central Facilities frequently makes a major contribution to the research of the facility users. They can have an important scientific role through the planning and realization of experiments, through the analysis and interpretation of data, or through a full collaboration in the research. When this occurs, the staff person should be included as a co-author on papers.

By submission, I agree to all terms specified in this proposal including the intent-to-publish policies and the required acknowledgement for all publications or presentations. I also attest to the non-proprietary character of the research work to be performed and that no proprietary information is to be generated as indicated by the terms of the funding grant or contract (supporting documentation to be supplied to FSMRL upon request). I also understand that copies of all material to be published must be supplied to the FSMRL prior to or at the time of submission for publication. I will also provide the FSMRL with reprints, when available, and the full reference following any publication or presentation.\*

\* Please address these materials to Ramona Simpson at the FSMRL administration office, 104 S. Goodwin Ave., Urbana, IL 61801.