TH 31July02 UD

VOICE NMR LAB – RESLOG CODE REQUEST FORM

(Please Print)

Last Name: _______________________   First Name: _____________________

Email Address: __________________________   Lab Phone: ________________

Box: ___________   Dept. Mail Code: _________   Dept/School: _____________

Research Director: ___________________________

Account Number: ______________________   MRL Sub Code: ____________

Name of the person(s) who will be training you: __________________________

   Academic Status (Circle One):

   Undergraduate   Graduate   Postdoc   Faculty   Visiting Scientist

   Your Signature: ____________________

________________________________________________________________________

(VOICE NMR LAB STAFF ONLY)

RESLOG CODE: ________________   DATE ISSUED: ______________________

INSTRUMENT: ______________________________

DIRECTORY NAME: ___________________________ INITIALS: ____________