VT Training		Directory Name E-mailed to Director
UI500NB Training		Added to 146 Door
LUCOO Directory		ChemFOM Initial Permissions
		Quiz, Puzzle, SunDS, NMR Data
		Four Permissions
D000 A		Record to Spreadsheet
4 4 4 0 0 0 D		
SCS NMR LAB <u>Financial Authorization and Responsibility Form</u>		
Today's Date:		_
Your Name (Print)		
rour numo (rimit).	User Last Name	User First Name
I-Card Number (16 digits):		
Email Address: Cell Phone:		
Research Adviser: _		
Department:		Area:
School:		Building and Room Number:
Research Account: 1		
Activity Code (if any): NMR Trainer:		
Academic Status (Ci	rcle One): Undergrad Gra	ad Postdoc Visiting Scientist Faculty
Note: To map to our network drive of stored NMR data, e-mail us your personal computer IP address <i>after</i> you settle into a permanent group. (In Google, type "my ip address" and send Nikki the result.)		
The person identified above performs research in my group and has a legitimate reason for learning to my group and has a legitimate reason		
operate and use NMR Lab instrumentation for personal use only. I further agree to abide by all		
his/her research. With my signature, I authorize		rules and guidelines of the NMR Lab, and I realize
		that use of the Lab is a privilege that can be revoked
		by the NMR Lab Staff at any time if rules are not
<u> </u>		followed. This applies to all NMR spectrometers. I
recognize the Acknowledgment and Co-Authorship further recognize the Acknowledgment and Co-Guidelines for the NMR Lab presented here*:  Authorship Guidelines for the NMR Lab*:		
Click here for Authors	·	Click here for Authorship Guidelines
Signed:		Signed:
Signatu	ure of Research Adviser	Signed:Signature of NMR Lab User
*Please acknowledge in publication and presentations		
the <u>School of Chemical Sciences NMR Lab</u> at the University of Illinois.		
*************************************		
Staff Use Only		
Initial Group:	Current Group:	(see new form on file)
Sent request to move dire	ectories	ND - 10 Jul 2021