

Appendix B

Request for Access to MPT Labs

Full Name:

Employee/Student #:

Department:

Email Address:

This request for access to MPT is for the

- BRG 321
- BRG 310 C
- BRG 310 D
- BRG 310 E

- I have completed the general training provided by the MPT technologist on
- I need access to the following list of equipment for my project (defined below) from to
- I have completed the instrument-specific training under the supervision of the MPT technologist for the items listed below:

Equipment	Training Date

- I understand that the MPT equipment are shared and my access to above equipment is temporary and subject to lab management approval.
- I agree to submit a new request to the lab management if I needed an additional piece of equipment for my project.

Signature of the Applicant:

Date:

Signature of the supervising MPT member:

Date:

Signature of the MPT technologist:

Date:

Signature of the MPT coordinator:

Date:

