

CURTIN UNIVERSITY OF TECHNOLOGY
APPLICATION FOR ACCESS TO FACILITIES AT THE
CMCA

Surname:

First Name:

School/Department:

Please tick appropriate box

Staff	<input type="checkbox"/>	PhD Student	<input type="checkbox"/>	MSc Student	<input type="checkbox"/>	Honours Student	<input type="checkbox"/>	Undergraduate Student	<input type="checkbox"/>
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Phone No: _____ Fax No: _____

Email: _____

Please list CMCA courses completed and passed:

Project title: _____

Project Description:

Indicate the instrument(s) for which time is being requested and the anticipated number of hours over the next 12 months period:

Signature of user: _____ Signature of supervisor (only for students): _____

Curtin Cost Centre Number: _____

Date: _____ User No: CFD
To be allocated by A van Riessen