

Materials Science and Engineering  
SEM Equipment Authorization and Training Certification

New Authorization

COA Change

PI's Department: \_\_\_\_\_ Date: \_\_\_\_\_

I, (Printed Name of PI or Advisor) \_\_\_\_\_, authorize:

Employee/Student (Printed Name of User): \_\_\_\_\_

Employee/Student's Department: \_\_\_\_\_

Graduate Student     Undergraduate     Post-Doc     Other: \_\_\_\_\_

Employee/Student E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Expected Graduation or Departure Date of Employee/Student: \_\_\_\_\_

- To obtain training and authorize scheduling time on SEM equipment in MSE
- I certify that the employee listed on this form has received the following training:
  - Laboratory Safety Fundamentals
  - Hazardous Waste Management
  - Radiation Safety For Users of Radiation Producing Machines
  - Compressed Gas Safety
- I certify that I and the employee have read and understand the MSE SEM Policies and Regulations

COA for use of Facility and Training Charges:

Entity: \_\_\_\_\_ Fund: \_\_\_\_\_ Activity: \_\_\_\_\_ Function: \_\_\_\_\_

Program: \_\_\_\_\_ Project: \_\_\_\_\_ Flex 1: \_\_\_\_\_ Flex 2: \_\_\_\_\_

\_\_\_\_\_  
Signature of PI (or Advisor)

\_\_\_\_\_  
Signature of PI's Dept. Financial Analyst or Financial  
Administrative Officer

=====

NOTES (FOR ADMIN USE ONLY):