



Electron Microscope Centre

New User Form

User's Name <hr/>	Department <hr/>
Supervisor's Name <hr/>	User's Office Location <hr/>
User's Email Address <hr/>	User's Phone Number <hr/>
User's Login username <hr/>	Access Required Until <hr/> dd / mm / yy
Account Number/Budget Code <hr/>	Special Requirements <input type="checkbox"/> After Hour Access <input type="checkbox"/> Other: <hr/>
<hr/> User's Signature Date	<hr/> Supervisor's Signature Date

- * Complete this form and return to the EM technician.
- * Users agree to follow the EM lab safety rules when working in the lab.
- * *All the information collected will be deemed confidential and would not be exposed to public.*

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