

Training Request - Cleanroom

Fill all fields, sign then send to the person mentioned in this form.



Name:

Title:

Institution:

Department:

Post address:

Phone:

e-mail address:

Supervisor:

Umeå Universitet , Institutionen för fysik
Linnaeus väg 24, 901 87 Umeå , SWEDEN

Area responsible: Dr. Roushdey Salh
Phone: +46 (0)90 - 786 5702
E-mail: roushdey.salh@physics.umu.se

<http://www.physics.umu.se/english/research/cleanroom/>

This application related training for:

Requested date for the training:

Other possible date:

Other possible date:

Have you ever used a cleanroom before? Yes No

Do you possess a valid cleanroom license? Yes No

How often you will use the cleanroom/equipment? Only once Once/week Once/month I do not know

Give a brief description of the specifics of the project you need this equipment or the cleanroom for:

Other demands, remarks, ... etc.

Signature:

Date:

Supervisor's
signature:

Date:

Internal Use Only

Training fees / SEK	Account No.	Date