

Microfabrication Project Proposal Form

Principle Investigator: (Person responsible for project)

Name: _____ E-Mail Address: _____

Department: _____ Phone Number: _____

Project Information:

Project Title: _____

Funding Agency: _____ Funding Amount: _____

Budget Code: _____ Project Expiration ' D W H: _____

Project Description: () (• μ u u Ç š }] v o μ u š Ç] o • U Z u] o • U v u Z] v •)

Project Application Agreement:

r PI and D G Y L V L Q J S U R I H V V R U agree to submit all data resulting from this project.
r PI agrees to submit a summary of the project for the CAMD annual report due yearly L Q H F H P E H U
r Yearly updates of this form are required for any changes to the project R X V H D W V L J Q H G.
r PI and D G Y L V L Q J S U R I H V V R U agree to state in publications and/or S U H V H Q W D W L R Q V
R I Z R U N S H U I R U P H G D W & \$ 0 ' R V V D I I L O F R O W H U L E X W K R & S O 3 7 K L V Z R U N Z D V
E \ W K H & H Q W H U I R U \$ G Y D Q F H G 0 L F U R V W U X F W X U H V D Q G ' H Y L F H V D W / R X L

r PI Signature _____ B B Date _____ B B B B B B B B

r 8 V H U L W Q D W X U H B _____ B Date _____ B B B B B B B B

r 8 V H U V Signature _____ B Date _____ B B B B B B B B

OFFICE USE ONLY: Project Approved by _____ ' D W H _____

PRN # _____ B B B B B B B B Dat H _____ B B B B B B B B

User