

VOICE NMR LAB – RESLOG CODE REQUEST FORM

(Please Print)

Last Name: _____ First Name: _____

Email Address: _____ Lab Phone: _____

Box: _____ Dept. Mail Code: _____ Dept/School: _____

Research Director: _____

Account Number: _____ MRL Sub Code: _____

Name of the person(s) who will be training you: _____

Academic Status (Circle One):

Undergraduate Graduate Postdoc Faculty Visiting Scientist

Your Signature: _____

(VOICE NMR LAB STAFF ONLY)

RESLOG CODE: _____ DATE ISSUED: _____

INSTRUMENT: _____

DIRECTORY NAME: _____ INITIALS: _____