**CryoFACE Laboratory, NTU, SPMS/PAP**

**Basic PPMS( )/MPMS( )/HR-XRD( ) Training Request Form, Please tick.**

**Complete this form and return it to the staff.**

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matric/ Staff card No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Status: (Check one): Undergraduate Student, Name of Mentor: \_\_\_\_\_\_\_\_\_\_

Graduate Student:

Postdoc :

Faculty/staff :

Other Pls specify:

Any previous experience with PPMS/MPMS/HR-XRD: Yes / No

If yes, pls provide details:

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\* Check all that apply.

**For Facility staff Use Only**

User ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_