Project Form

Facilities hosted in Department of Mining and Materials Engineering
Manager of the facilities: Dr. Lihong Shang

THIS FORM MUST BE SUBMITTED AND APPROVED PRIOR TO PERFORMING THE WORK
TO Dr. SHANG (in person or via email to lihong.shang@mcgill.ca)

Name: __________________________ E-mail: __________________________ Date: __________

University / Company: __________________________________________________________

Department: ____________________________________________________________________

Address: _______________________________________________________________________

Tele: _________________________________________________________________________

Supervisor: _______________________________________ E-mail: ________________________

Equipment:

☐ Thermo Scientific K-Alpha X-Ray Phontoelectron Spectroscopy (XPS)
☐ Skyscan1172 Static Imaging MicroCT
☐ Bruker D8 Discovery X-Ray Diffractometer (VANTEC Detector, Cu-Source)

User of equipment:

☐ McGill internal user ☐ External user
☐ Training requested ☐ Technical assistance required

Work to be performed: ___________________________________________________________

______________________________________________________________________________

Description of Samples: _________________________________________________________

PAYMENT: It is the responsibility of the user not to exceed the funds allocated

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<thead>
<tr>
<th>FOAPAL number to be charged:</th>
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<tr>
<td>Signature of supervisor for project approval:</td>
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Or

<table>
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<tr>
<th>PO number to be charged:</th>
<th>Amount:</th>
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<tr>
<td>McGill Internal project number (to be given by Dr. Shang):</td>
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