

MTSU Interdisciplinary Microanalysis and Imaging Center
Internal Project Information Sheet

MIMIC

MIMIC

1. Name _____ Date _____
2. Preferred contact: email _____ Phone _____
3. Project Title _____

4. Brief Project Description

5. Estimated Duration and Hours/Week _____

6. Technical help needed on (circle) sample preparation measurement analysis

*** Account Number _____

*** Account Holder/Supervisor _____

Authorized Signature

*** Date _____

*** Budget Restrictions (optional) Not to exceed: \$ _____

7. Assigned drawer in wet lab YES NO

Drawer Number? _____