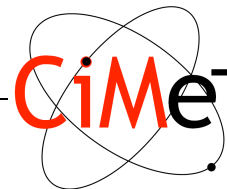


Application form for a training on the microscopes of CIME



Training category: Basic Advanced EDXS Cryo EM

Instrument: SEM TEM CL FIB

Practical experience: Microscope(s): _____ since: _____

Theory background: MSE-635, MSE-636, MSE-637, MSE-704, MSE-450, PHYS-405; semester:

Other:.....

Project description: use the back of the form

First name: Family name:

Phone: Mr/Ms

E-mail: (Mobile phone:)

I am able to follow the training in (indicate priority, 1 and 2):

French English

Faculty Institute Lab Station

(use official abbreviations) If not EPFL give complete Address in project description

Status :

<input type="checkbox"/> undergrad. student (bachelor/master)	<input type="checkbox"/> graduate student (thesis)	<input type="checkbox"/> visitor / external collaborator
<input type="checkbox"/> scientific collaborator	<input type="checkbox"/> technical collaborator	<input type="checkbox"/> other

If student: semester....., date of the beginning of the project: month year

Supervisor:

Date: The candidate's signature :

Basic training is billed on effective machine time used during the training
Advanced training is billed like service: effective machine time and CIME personnel time

Laboratory manager's signature:

For CIME

Gemini Merlin 3View NVision40 Crossbeam Attolight
Spirit Talos Osiris Jeol2200FS TF20 Themis
EDXS EELS Tomography Cryo Other:

Training start: ___/___/___ completed: ___/___/___

Trainer:

Safety training: done: ___/___/___ to be done: ___

Remarks: