



Lab Contacts:

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Application for CRF Use for Education Outreach

Please submit completed form to appropriate lab contact at least **30 days** in advance.

Faculty Name:

Date:

College:

Department:

Course Number:

Section:

Student Type: Graduate Undergraduate Other (high school, camp, etc.) Number of Students:

CRF(check all applicable cores): NGS MCL NFL NMR NERVE Rad Lab TMP ACL FDC SAI LYO

Type of Educational Outreach:

CRF Tour Lab Demo Classroom Lecture by CRF Staff Specific Instrument/Technique Overview

Other:

Educational Outreach Goal(s):

1.

2.

Number of sessions:

CRF Staff needed:

Instrument(s):

Dates: Begin Time: End Time: Dates: Begin Time: End Time:

1.

4.

2.

5.

3.

6.

Comments:

For CRF Business Office Use Only

Date Received:

Educational Outreach Dollar Equivalent:

Required Prep Time for session: