



Electron Microscope Centre

New User Form

User's Name _____	Department _____
Supervisor's Name _____	User's Office Location _____
User's Email Address _____	User's Phone Number _____
User's Login username _____	Access Required Until _____ dd / mm / yy
Account Number/Budget Code _____	Special Requirements <input type="checkbox"/> After Hour Access <input type="checkbox"/> Other: _____
<div style="display: flex; justify-content: space-between; align-items: flex-end; padding: 10px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> <p>_____</p> <p>User's Signature Date</p> </div> <div style="width: 45%; border-top: 1px solid black; text-align: center;"> <p>_____</p> <p>Supervisor's Signature Date</p> </div> </div>	

- * Complete this form and return to the EM technician.
- * Users agree to follow the EM lab safety rules when working in the lab.
- * *All the information collected will be deemed confidential and would not be exposed to public.*

EM Staff: Xiang (Sean) Yang
 TEL: 902-420-5709 (office)
 902-496-8292 (lab)
 Email: xiang.yang@smu.ca