



Project Proposal Form

Center for Advanced Microstructures and Devices, Louisiana State University, 6980 Jefferson Hwy., Baton Rouge, LA 70806

(please type or print)

1. **Project Title:** _____
Anticipated Completion Date: _____

2. **Type of Proposal:**
 New Project Renewal

3. **Type of Project:**
 Single Experiment: 4 eight-hour shifts maximum.
 Program (These proposals will be referred.)

4. **P.I.:** _____

5. **Affiliation:** _____

Mailing Address: _____

Phone _____ Fax _____ email: _____

6. **CAMD Collaboration:** Is there collaboration with CAMD scientist(s)? Yes No
If yes, who? _____

Please attach a list of collaborators and students, if any, from whom we can expect exposure request forms for this project.

7. **Description of the project:** The description of the project is an essential criterion for the allocation of beam time. Each project will be evaluated by external reviewers. For Single Experiments, a 1/2 page description of the proposed project is sufficient.

For all other projects, the description should be a **minimum 1 1/2 page but maximum 2 page** description. To provide the CUC with a suitable database for evaluating the projects, please make sure your description of the project includes brief but incisive paragraphs on the following topics:

- Aims of the experiment and the relevant scientific background,
- Experimental method, technical requirements (energy range, resolution, flux, polarization, etc.),
- Results expected,
- Why must synchrotron radiation be used for this experiment or why should CAMD be the laboratory where this experiment is performed,
- List of relevant literature references.

Attach the description of your project to this proposal form.

8. **Safety:** Will any hazardous substances, equipment, or procedures be part of your project? No Yes
If yes, details must be provided in your proposal or in an appendix to the proposal.

9. **Beamlines** for this project (please check all that apply)

- DCM NIM PGM SAX/GIXAFS XRD 3m-TGM 6m-TGM IR XMP
- Tomography XRLM1 XRLM2 XRLM3 Cleanroom

10. **Funding:** Name of the Funding Agency: _____

11. **P.I. Signature:** _____ **Date:** _____

*** Upon submission, P.I. agrees to submit to CAMD all publications resulting from this project proposal, as well as a suitable contribution to CAMD's Annual Report.**

(For CAMD's use only)

Signatures: _____, CAMD Safety Officer

PRN: _____

_____, Beamline Manager

Date: _____

_____, CAMD Director