



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 refereed.)

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 the CAMD User Committee (CUC). 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 3mTGM 6m-TGM Tomography XMP XRLM1 XRLM2 XRLM3 Cleanroom Don't know

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