

User/Advisor**DATE:** _____**User Name:** _____**UID:** _____E-mail, *Phone*: _____**Advisor Name:** _____E-mail, *Phone*: _____**Signature:** _____

Signature or advisor confirmation e-mail

Affiliation/Payment**Organization:** _____**Department:** _____**Address:** _____**UMD KFS#** _____**Billing Contact:** _____**NOTE:** It is responsibility of the User and/or Advisor to notify XCC when the KFS# or other billing information changes.**X-ray Diffractometer that will be used:**

Smart Apex2 (Single Crystal)
D8 Advance (Powder, 1D detector)
C2 Discover (Powder, point beam, 2D detector)
X'Pert Pro MRD (Reflectivity & low angles)
Xeuss (Small/Wide Angle X-ray Scattering)
Other:

Expected Number of Samples per Month: _____

Date	Status change
	< <i>Insert date of submitting this form</i>

User Level and Status

Unsupervised (Authorized) - works independently; allowed to work during evening hours, weekends and holidays
Supervised (Individual) - works only during workhours under supervision or PI, TA or unsupervised user
Submitting user – only submit samples; allows to use non-X-ray technique: microscopes, glove box, computers, etc.
Please notify XCC when you no longer use X-ray

Comments: