

VIIBRE Lab User Information

New User Request & Renewal Form

Full Name _____

Preferred Name _____

Campus Address _____

Home Town Address _____

Campus Phone _____

Home/Cell Phone _____

E-mail Address _____

VUNet ID _____

Advisor Name _____

Department _____

Program Funding/Project Name _____

Project P.I. _____

Project Center Number _____

Date of most recent safety training _____ By _____

I _____ agree to follow all written and oral guidelines set forth by VIIBRE Faculty and Staff, the Vanderbilt Environmental Health & Safety guidelines for laboratories and all applicable VIIBRE Lab Manuals. I understand that safety is my primary responsibility when working in the laboratory and that it is my responsibility to act in a professional manner at all times while in the laboratory.

Applicant Signature _____ Date _____

Professor/Advisor Signature _____ Date _____

Project P.I. Signature _____ Date _____

VIIBRE Lab Staff Signature _____ Date _____

Applicants Please fill out the Questionnaire on the next page

Please Do Not write below - This area is for administrative purposes

Schedule _____

Access Allowed _____

ST

VLO

CBT

DB

ML

School: Arts & Science Engineering Medicine _____

Degree(s) _____

Expected Date of Graduation _____

Major(s) _____

Minor(s) _____

Career Plans (if known):

Engineering, Physics, Mathematics, and Biology Background (course numbers or names):

What experience do you have in Biophysics, Bioengineering or Biology?

List the computer programs that you have used and indicate your skill level.

Why are you taking this class? What do you hope to get out of it?

What are your research interests (not necessarily related to this program)?

List your standing commitments in your weekly schedule.