

WCAM User Information Form – UW Madison User

SECTION A: To be completed by User

Name (print): _____ UW ID#: _____

Telephone: _____ Email address: _____

Project Title/Brief Description:

Category of Project (check only one):

<input type="checkbox"/>	Biology	<input type="checkbox"/>	Electronics	<input type="checkbox"/>	Optoelectronics
<input type="checkbox"/>	Biomedical	<input type="checkbox"/>	Materials	<input type="checkbox"/>	Physics
<input type="checkbox"/>	Chemistry	<input type="checkbox"/>	MEMS	<input type="checkbox"/>	Process-Characterization
<input type="checkbox"/>		<input type="checkbox"/>	Optics	<input type="checkbox"/>	

SECTION B: To be completed by User.

I have completed WCAM's online orientation course, and agree to abide by all the safety rules while working with the facility:

User Signature: _____

CRESS Project Name (up to 20 characters)	Access # (located on back of UW ID card)
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SECTION C: To be completed by University Faculty Advisor.

Name (print): _____ Signature: _____

I understand that my funding string, supplied below, will be charged for access to WCAM by this user. Charges will continue until the user has completed the checkout procedure with WCAM staff and returned all WCAM materials.

SFS Funding String

Account	Fund (e.g. 144)	Dept. ID / UDDS (e.g.192500)	Program	Project/Grant 4-digits after PRJ
2650			4	

SECTION D (For office use only)

ECOW Completed	<input type="checkbox"/>		New User	Delete User
Advisor Notified	<input type="checkbox"/>	CRESS Patron		
Lab Orientation	<input type="checkbox"/>	CRESS Project		
Chem safety form	<input type="checkbox"/>	Pegasys Entry		
Hanger#	<input type="checkbox"/>	Excel hanger doc		
DryBox#	<input type="checkbox"/>	Subscribe to list		
White Bucket#	<input type="checkbox"/>	Name tag		