

Materials Science and Engineering
MSE 254 and 309 Authorization and Training Certification

Fixed Fee-For-Service User Senior Design User Teaching Assistant User

PI's Department: _____ Date: _____

I, (Printed Name of PI or Advisor) _____, authorize:

Employee/Student (Printed Name of User): _____

Employee/Student's Department: _____

Graduate Student Undergraduate Post-Doc Other: _____

Employee/Student E-mail: _____ Phone: _____

Expected Graduation or Departure Date of Employee/Student: _____

Student NetID: _____ Student ENGR Username: _____

- To obtain training and authorize use of equipment only in MSE FFS laboratories
- I certify that the employee/student listed on this form has received the following training:
 - Laboratory Safety Fundamentals
 - Hazardous Waste Management
 - Compressed Gas Safety
 - Radiation Safety For Users of Radiation Producing Machines (for MSE 309 only)
- I certify that I and the employee/student have read and understand the MSE Policies and Regulations

Signature of PI (or Advisor)

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NOTES (FOR ADMIN USE ONLY):