

BEAM TIME REQUEST FORM

- Confidential -

Program Title:		
Program Leader Name:		
Program Leader Funding: <input type="checkbox"/> NSF <input type="checkbox"/> Other		
Is program leader a PRT member: _____ Yes _____ No (If yes, complete the PRT supplement form.)		
Affiliation (complete mailing address):		
Phone:	FAX:	Email:
ABSTRACT of Program Description:		

A. Requested Beam Time, starting January, 2010

The duration will be 1 year or 2 years (check one box below).

1 year 2 years **Ring Energy:** 800 MeV 1 GeV

3-week quantum of beam time	Beamline	Comments

Description of Program

NOTE: For the benefit of the reviewers, who may not be experts in your field, please include an introductory paragraph placing your work in a broader context. Please add a paragraph justifying the number of quanta you need for your experiments.

Description of Program (Continued)

Bibliography for Program Description (Reference List – one page maximum)

Vitae – Program Leader (one page maximum)

SRC-Related Publications (past two years)

Educational Achievements

Please list the names of students under your direction whose thesis work was carried out in whole, or in part, at the Synchrotron Radiation Center (past two years).

Name/Advisor/Affiliation	Title of Thesis	Month/Year Completed	Initial Employment
Name: Advisor: Affiliation:			
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PRT Supplement Form

Program Leaders who are PRT members must provide the following information:

Program Leader Name:
PRT Beamline Title:

Instructions: List all PRT members who will be allocated beam time in the coming allocation period (assuming one-year consideration of proposal). The chart assumes 11 weeks of accelerator development, 2 weeks of flexibility time, 3 weeks of maintenance (1 quantum), 27 PRT beam weeks (9 quanta) and 9 beam weeks for general Users (3 quanta).

PRT BEAM TIME ALLOCATION SUMMARY

Beamline User	3-week Quanta
Maintenance	1
General User	3
PRT User	
PRT User	
PRT User	
PRT User	
PRT User	
PRT User	
PRT User	
PRT User	
TOTAL	13