**Applycation Form for VariMAX Measurement**

No.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Use Due Date |  | Submitted Date |  |
| Name of Lab. | Dept.　　　　　　　　　　　　　Lab.（Instructor:　　　　　　　） | | | | |
| Contact Information | Extension :　　 　　　　　　　E-Mail : | | | | |

1. **Fill in a necessary matter in the bold frame line.**
2. Please add “Application for person use” under the title, in the case of your own measurement.
3. Use time is until 12:00 of the next day at 12:00.（Any sample is very OK.）
4. You cannot make next reservation until one reservation is over.
5. When you understand that it takes measurement more than 24 hours beforehand, please fill in the necessary days. Only when it takes it with 1 sample more than 24 hours, it is possible to continue it more than 12:00 of the next day.（Prior consultation is necessary.）
6. When you make a reservation, please submit the application form after you confirm there is no

reservation on the use due date.

( Please contact by the below e-mail address about the usage of the calendar.)

1. When you cancel it, you should e-mail to the follow address..
2. If you reserve again after you cancelled once、you must submit the application form again.
3. After VariMAX use, please fill in a matter necessary for the use list.

Reference；　uketsuke\_varimax@ocarina.osaka-cu.ac.jp

**The following is entry-free..**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Acceptance Number | Name | Department, Graduate Course | Name of Lab. | Name of Instructor | Contact Information |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Check Date of the Crystal | Accepted Date | Use Date | **Resources for Payment** | Person in Charge |
|  |  |  | * Budget from the University * Other Fund |  |
| ～ | Seal |