

Date:

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## **UIC INSTRUMENT TRAINING FORM**

Trainee's full name, printed:					
Instrument:					
Email address:					
Telephone number:					
User Role(Check One):	Faculty	Staff	Grad. Student	Undergrad	Student
	External t	o UNH			
Laboratory room and hall#:					_
Academic major:					
Advisor's name,printed:					
Advisor's signature:					
Advisor's department:					•
Trainee's academic background an					
Purpose for learning to use the in-	strument:				
For CIBBR instrument use only: Prefer	red Passcode fo	or			
Ludman 354(must be 6 digits): Core Scien	ntific Advisor				
ignature (training complete):					
end completed form to John.Wilderman(	@unh.edu and l	Paul.Boiss			