FACULTY OF SCIENCE



Access to NMR Facility

- Use Adobe Reader XI or above to complete this form electronically.
- Hand-written/printed/scanned form will NOT be accepted. Complete all mandatory fields.
- You will be contacted regarding the next available induction/training session.
- Access will only be granted after the induction/training session.

Name:							
	(First Name)			(Last Name/Surname)			
ID number:			Email:				
	(Hint: a 7 digits	s number)					
School/Depa	artment:						
NetAccount ID/UPI*:(Hint: e.g. abru001)				Access card number:			
Do you know	w your UoA	password (UoA (Credentials)*? Yes			
* UPI and Uo	A password are	required BEFORE th	e training ses	sion. Refer to website "S	tudent IT Essential" for more information.		
Position:	Research intern PGDipSci			Summer student MSc	BSc (Hons) PhD		
	Research Fellow/Post-doc		doc	Academic Staff	Professional Staff		
Start date: _		End	date:	m / yyyy) or permanent			
((dd / mm / yyyy)		(dd / mi	m / yyyy) or permanent			
Primary Sup	pervisor:						
		(Name)		(Email)			
Secondary S	Supervisor:	(Name)		(Email)			
Cost Centre**:		(Activity Centre)	(Product	code or blank) (Pro	ject code)		
				stating the cost centre d to pay for the associate	codes, account owners have given their ed user charges.		
Declaration:		(T		(Data)			
		(Type your name, do	NUT sign)	(Date)			

- I have obtained permission from account owner/supervisor who will pay for my NMR charges
- I acknowledge that the information I have supplied is correct
- I will abide by the safety regulations and conditions of use of the NMR Centre.

Other Comments: (e.g. current summer student will continue to BSc (Hons), or current PGDipSci will continue to MSc)

Submission - do ONE of the following:					
EITHER	: Click	to submit using Outlook, Yahoo, and Gmail			
OR:	Click	to save this pdf and manually email the completed form to facility			
	manager: Dr Michael Schmitz (m.schmitz@auckland.ac.nz)				