NFC Exploratory Research Project Application

Project Name:
Student Name: Student E-mail:
Budget Number: Expiration Date:
Requested Start Date:
Brief Project Description:

The undersigned will act as an advisor or coadvisor for this project and agree that the project does not replace any funded work currently being conducted in the Nanofabrication Center.

Faculty Member: _____ _____ _____
Name Dept Signature

Faculty Member: _____ _____ _____
Name Dept Signature

Current Project in NFC:
Budget Number
Student/Postdoc Name(s)

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Note: *NFC reserves the right to cancel a NERP at any time if the project is found to violate the guidelines listed in the NERP announcement.*

NFC Use Only

Application Received:	Notification Sent:	Start Date:
Proposal Received:	Extension Notice Sent:	End Date: