**Koraleski CABLab Policy I Training Request**

Date:

Name:

Email:

Phone:

Equipment:

Research Stream Supported:

**Please describe your training request plan for the equipment.**

Your knowledge level of the equipment:

When will you be available for training / timeline for usage?

The number of hours you will need the equipment for training?

Please provide references for the instrumentation you will be training on (studies you are modeling after; methods paper, etc.:

Funding Source for any materials used in training:

**PLEASE NOTE:**

Training Requests are due before the beginning of the semester of which training will commence. (Please refer to website for dates)

Faculty members and graduate assistants that want to get qualified must volunteer for a determined number of hours supporting other studies in the CABLab.

Please forward this request form to the unocablab@unomaha.edu

**INTERNAL USE:**

Date Training Approved or Denied:

Date Training Scheduled to Start:

Trainers:

Notes: