

**WSUS Microscopy Core
New Investigator Form**

PI Name: _____

PI Institution: _____

PI Department: _____

User Name: _____

User Institution: _____

User Department: _____

New Investigator? **Yes** **No**

New User? **Yes** **No**

Project Title: _____

Summary of Microscopy Needs: _____

Will the project require assisted imaging time? **Yes** **No**

Will the project require independent imaging time? **Yes** **No**

To discuss your project and schedule training, please return this form to Weihang Chai (wchai@wsu.edu) or Maria Fadri-Moskwik (m.fadri-moskwik@wsu.edu).