

Radiological Research Accelerator Facility

Collaboration Proposal (see RARAF policy before completing)

| | |
|-------------------------|--------------|
| Principal Investigator: | Institution: |
| Phone: | email: |
| Mailing Address: | |
| Title of Experiment: | |

Summary of proposed project:



Specific Aims:

How will this project be mutually beneficial:

Please describe the relevant work at your lab:

References/relevant publications:

Signature of Principle Investigator:

Date: _____