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:



Radiological Research Accelerator Facility

Collaboration Proposal

Please describe the relevant work at your lab:

References/relevant publications:

Signature of Principle Investigator:

Date:_____



COLUMBIA UNIVERSITY MEDICAL CENTER

National Institute of Biomedical Imaging and Bioengineering



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