

WICHITA STATE UNIVERSITY
NIAR LABORATORY SERVICES REQUEST
(Use this form to support research proposal budgets.)
(Separate request is required for each laboratory.)

Attachment A

Principal Investigator _____ Department # _____ Date _____

Project Title _____

Project Period of Performance _____ to _____ Account # _____

Funding Agency _____

Laboratory:

- | | | |
|-------------------------------|----------------------------|-------------------------|
| Composites | Crash Dynamics | Wind Tunnel |
| Structures | Deicing | Water Tunnel |
| CAD/CAM | Human Factors | Virtual Reality Center |
| Information Technology Center | Aging Aircraft | Supply Chain Management |
| Mechatronics | Propulsion | Visual Technology |
| Manufacturing Process | Airframe Design & Analysis | Other (specify) |

Services Needed:

Equipment: _____

Rate: _____ Hours, runs, etc.: _____

Proposed Laboratory Services Budget: \$ _____ Proposed Cost Sharing: \$ _____

Approvals:

Principal Investigator: _____ Laboratory Director, Manager or Coordinator: _____

NIAR Executive Director: _____ NIAR Director of Operations: _____

Associate Vice President for Research (when cost sharing is proposed): _____