

# BIF User Account Request Form

Brain Imaging Facility

I hereby request creation of a Brain Imaging Facility user account:

Surname:	_____	Specialist clinic:	_____
First name:	_____	Department/research group:	_____
Position:	_____	Supervisor, where applicable:	_____
E-mail:	_____	Related projects:	_____
Tel.:	_____	Staff ID no./ Student no.:	_____

Additional data capacity for the user directory (this is the home directory, not the project directory!) requested (all users are provided with 4 GB of storage space as standard):

Grounds: \_\_\_\_\_

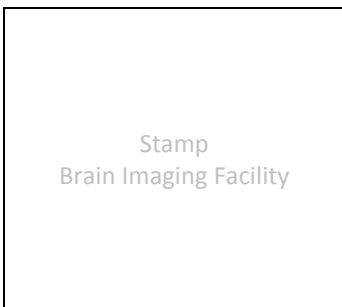
I hereby confirm that I have read and understood the Operator and User Regulations, the BIF PC Pool User Guidelines and the Fee Regulation for Magnetic Resonance Imaging on RWTH Aachen University Faculty of Medicine Research Scanners and RWTH Aachen University Hospital (UKA) Research Scanners, agree to them and will comply with them.

Place, date \_\_\_\_\_

Signature User \_\_\_\_\_

Entry in e-mail distribution list  Yes  No

Signature Supervisor \_\_\_\_\_



Signature BIF Head of Department/Representative: \_\_\_\_\_