

Project title	
Short title (maximal 8 characters)	
Applicant	Name: E-mail: Tel.:
Specialist clinic/Institute	
Project leader/Supervisor	
Other persons requiring access to the data	
Funding no./Funding body	
No. of measurements planned/performed/implemented	
Place of MRI measurements	<input type="checkbox"/> Basement <input type="checkbox"/> Psychiatry <input type="checkbox"/> Other: _____

Study type:

- fMRI/MRI* Psychophysiology Behavioural study
- Other: _____

* For fMRI/MRI studies, the "fMRI Registration Form" must also be completed.

Study affiliated with:

- RWTH Aachen University Hospital
- Other RWTH Aachen University faculties
- External study

BIF Project Application Form

BIF user account?

Yes No (Please complete the "BIF User Account Request Form")

Additional storage space for the project folder requested
(all projects are provided with a project folder with 500 GB of storage space as standard)

Grounds: _____

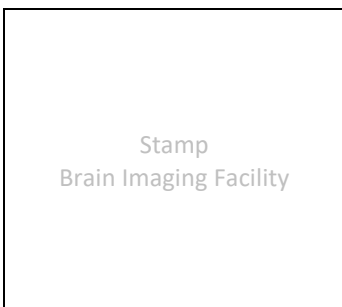
Requesting support for Research Data Management?

Yes No

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 _____



Signature BIF Head of Department/Representative: _____