

Project Application Form

Requesting Scientist

Phone number

Email

Department/Principal Investigator

Department Address

The work conducted is part of the following project(s):

Project name(s):
(Projektbezeichnung)

Project number:
(DFG, BMBF, EU, ...)

Funding period:

Description of the project:

Calculation of costs and time required by Robotics Facility:

Request No.

I declare the correctness of all the above provided information.

I accept to pay the costs for material and working hours.

I declare to appropriate acknowledge the usage of the Robotics Facility infrastructure in my publications. The members of the Robotics Facility lab will support me in writing the material and methods concerning the work performed. I will inform the Robotics Facility about such publications by sending a PDF of the publication to toolbox@bioss.uni-freiburg.de

Collaboration Projects

I declare to include the Robotics Facility lab scientist in the authorship of publication(s). The Robotics Facility members will support me in writing the paragraph concerning the work performed.

Signature Requesting Scientist

Date

Signature Robotics Facility

Date