**University of Duhok**

**College of Science**

**Request Form for Scanning Electron Microscope (SEM)**

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| **Researcher's Information** | | |
| **Full Name:** | **Title :** | **Receiving Date:** |
| **University/College/Department:** | **Email/Phone Number:** | **Finishing Date:** |

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| **Sample(s) Information** | | | |
| **Sample**  **No.** | **Type of the Sample (s)**  **(Thin film, Polymer, Metals, Rock, or other)** | **SEM Image**  **Cross-section or Top-view** | **Additional Information**  **( Composition)** |
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**SEM Committee Signature of Applicant**