



Training Request Form

Email form back to eprograms@gsu.edu

Name: _____ PI Name: _____

GSU Email: _____ Lab Location: _____

Campus ID: _____ Lab Phone#: _____

- 1) _____ **What is your affiliation with GSU?**
 - a. Faculty/Staff
 - b. Post-Doc
 - c. Graduate Student
 - d. Undergraduate Student

- 2) _____ **Are you currently enrolled in?**
 - a. Biol-8850
 - b. Chem-8960
 - c. N/A

- 3) _____ **What type of training do you require?**
 - a. Laboratory Safety and Hazardous Waste Initial Training
 - b. Laboratory Safety and Hazardous Waste Refresher Training
 - c. Chematix Training
 - d. Radiation Safety Introductory 2hr Training Course
 - e. Radiation Safety Refresher Training Course
 - f. Hazardous Waste Management for the Art Department
 - g. Geosciences X-Ray Training

For Chematix Users Only

- 4) _____ **Do you need a Chematix User Name & Password?**
 - a. Yes
 - b. No

- 5) _____ **Do you have a Chematic User Name & Password?**
 - a. Yes
 - b. No

If you answered "YES" then fill in the following information; otherwise skip to question 6.

User Name: _____

d. Password: _____

- 6) _____ **Do you need help with the above User Name or Password?**
 - a. Yes
 - b. No

- 7) _____ **If you can no longer submit items for pick-up see question 3 & select (b) on the training request form.**