



Lab User Info Intake Form

(all info in **UPPERCASE** or typed in the form, please)

Full Name: _____ Date: _____

Preferred Pronouns (optional): _____

Appointment Type (select one):

- | | | |
|---------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> MIT Undergrad | <input type="checkbox"/> MIT Grad. student | <input type="checkbox"/> MIT Postdoc/Fellow |
| <input type="checkbox"/> Visiting Undergrad | <input type="checkbox"/> Visiting Grad. student | <input type="checkbox"/> Visiting Scientist/Scholar |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> MIT Staff | <input type="checkbox"/> Other |

MIT Email: _____ MIT ID#: _____

Faculty/PI/Supervisor Full Name: _____

Name of your research project:

What would you like to do in Rodgers first?

“My research project will be successful if....” (optional):

Do you wish to gain after-hours access? Yes, please. Not now.

Do you wish to access the 26-065 shop? I have access. Yes, please. Not now.

T. J. Rodgers RLE Laboratory, Room 36-511, 77 Massachusetts Ave, Cambridge MA 02139

Research Laboratory of Electronics (RLE), Room 36-413, 77 Massachusetts Ave, Cambridge MA 02139