

Engineering Resource Request Form

- | | |
|---|---|
| <input type="checkbox"/> 3D Printer | <input type="checkbox"/> MTS 810: Servo-Hydraulic Universal Testing Machine |
| <input type="checkbox"/> Wind Tunnel | <input type="checkbox"/> Tytron 250 MicroForce Testing System |
| <input type="checkbox"/> 4GHz Digital Oscilloscope | <input type="checkbox"/> MTS 830: Servo-Hydraulic Universal Testing Machine |
| <input type="checkbox"/> Environmental Test Chamber | <input type="checkbox"/> MTS 840 Vibration Test System |
| <input type="checkbox"/> Ansys License | <input type="checkbox"/> Air Bearing Horizontal Shaker-Model 129 |

Clinic Team/Class/Research Group: _____
Name/Contact Info./Email: _____

Date: From: _____ To: _____
Time: From: _____ To: _____

Are you Flexible with Date & Time: _____

Reasons for Use: _____

Approval: _____