



Vegetable and Fruit Improvement Center
1500 Research Parkway, Suite A120
Texas A&M University
College Station, Texas 77843-2119

REQUEST FORM

Gas Chromatograph Equipment

Date: _____

User Name: _____

Phone: _____

Email: _____

Supervisor Name _____

Signature of the Supervisor _____

Phone: _____

E-mail: _____

Desired Starting date: _____ **Proposed Ending date*:** _____

*Actual end date depends upon resource availability

Experiment Details or Design: Must be attached

Analysis Method:

No of samples to be analyzed:

Approved:

Director, VFIC

Date: _____

Submit this form to Dr. Kil Sun Yoo, 847-8848 / ksyoo@ag.tamu.edu



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Proposed Experimental Plan

Lead Researcher: _____

Collaborator(s): _____

Project Title:

Objective:

Experimental details:

Funding Source:

Plan for future external funding using the Core Unit Resources:

Proposal must be submitted through the VFIC.

Additional pages may be attached

**Policy/format may change depending on need*