Proposal for Experiment

Involving Highly Charged Ion Beams at the James R. Macdonald Laboratory User Facility
For the Time Period 21 May 2000 to 20 May 2001
(Please type or print clearly)

1. Project Title: (__ Check here if this is a request for a continuation of a previous proposal)

2. Brief description (1 sentence) of the proposed project:

3. Facilities to be used in the experiment (check all that apply):
   __ Tandem   __ Tandem/LINAC
   __ CRYEBIS   __ Ion-Ion   __ ECR

4. List of participants in the experiment:

5. Contact person(s) for the experiment (include address, telephone, FAX, and email).

6. Local (JRML) contact (collaborator) person for experiment (optional but desirable).

7. Total number of days requested for this experiment ___________.

8. Number of days requested in the first half of this scheduling period ___________.

9. Number of days requested in the second half of this scheduling period ___________.

10. Preferred dates for this experiment ____.

11. Special considerations and/or additional comments (attach additional pages if necessary):

_______________________________   _______________________________   __________
Name (print)   Signature   Date

Submit completed proposal no later than 21 April 2000 to: Director, J. R. Macdonald Lab, Department of Physics, 116 Cardwell Hall, Kansas State University, Manhattan, KS 66506-2604, jrml@phys.ksu.edu