

**MRI Developmental Time Application Form.**

**NOTE:** This application form does NOT replace the APPLYING FOR SCAN TIME APPLICATION. The form described below need only be completed if you are applying for developmental ("free") time from the MRI center.

Name:

Department:

Academic rank/track:

Funding (current):

Equipment: 3T \_\_\_ 7T \_\_\_ 11.7T \_\_\_

In no more than one page single-spaced please explain the purpose of your work including justification for the number of hours of scan time needed and on which magnet(s). (Please attach)

How many developmental hours will be needed for the proposed pilot work?.....

For how many hours are you seeking support for developmental time?.....

For how many hours will you be paying?.....

For how many hours will your department be paying?.....

Current amount of funds in your indirect account: (please verify with your departmental administrator):

Number of Developmental MRI Hours used by you in the past 12 months: .....

How many of these hours did you pay for? .....

How many of these hours did your department pay for? .....

Did these efforts lead to a grant submission: Yes..... No.....

In process.....

Comments:.....

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