**Kyushu University Beamline Experimental Report**

Date (yyy/mm/dd): / /

To: Director of Kyushu Synchrotron Light Research Center

 (Reporter)

Director of Research Center for Synchrotron Light Applications, Kyushu University

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1. Proposal Information

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| --- | --- |
| Proposal Number |  |
| Title of Experiment |  |
| Period of Experiment |  |
| Project Leader | First/Last Name: Title: Affiliation: Address: TEL: FAX: E-mail:  |

2. Project Members

|  |  |  |
| --- | --- | --- |
| First/Last Name | Affiliation | Title |
|  |  |  |

3. Experimental Report

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| \* Experimental purpose, methods, results and discussion etc. |

4. Plan of publication of experimental achievement

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| Publication style: Publication schedule:  |

- Please indicate acknowledgement of KUBL at presentations and in publications with proposal numbers.