



## CABI Educational Use Award Application

<b>Instructor Name:</b>	<b>Instructor Institution:</b>
<b>Title of Course:</b>	<b>Date(s) of Course:</b>
<b>Number of Requested Credits:</b>	<b>Matching Funds Requested (scan credits):</b>

<b>Anticipated Attendees:</b> <i>(i.e. undergrads, grad students, open)</i>	<b>Anticipated Number of Attendees:</b>
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<b>Please provide a brief description of course/workshop:</b> <i>(Attach course syllabus or workshop agenda)</i>
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<b>Please provide a brief description of proposed scanner usage and relevance to course outcomes:</b>
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<b>Additional CABI resources requested: <i>(check all that apply)</i></b>			
<b>Conference Room</b>	<b>EEG</b>	<b>TMS</b>	<b>Mock Scanner</b>
<b>Other:</b> _____			