APPLICATION FOR SAMPLING

*NTNU University Museum*

**(1) Project Title**

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| --- | --- |
| Project Title: |  |

**(2) Applicant – Project Leader**

|  |  |
| --- | --- |
| First name: |  |
| Surname: |  |
| Position: |  |
| Academic title: |  |
| Telephone: |  |
| E-post: |  |

If applicable: Name of student and contact information

|  |  |
| --- | --- |
|  |  |

**(3) Applicant’s place of work**

|  |  |
| --- | --- |
| Institution |  |
| Faculty |  |
| Department |  |
| Address |  |
| Head of Department |  |

**(4) Objectives of the project**

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**(5) Archaeological context**

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| --- | --- |
| Askeladden ID-number |  |
| Community |  |
| Farm name, number and title number |  |

**(6) Description of material to be sampled**

|  |  |
| --- | --- |
| 1. *Museum catalogue number(s)*
2. *Sample size (in grams)*
3. *Method(s)*
4. *Laboratory(ies) where analysis will be carried out*

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**(7) Project schedule and publication plan**

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**(8) Funding**

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**(9) Project partners, if applicable**

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|  |

**(10) Project Plan** (*please attach*)

**APPLICATION DECLINED**

**Grounds**

*signature*

**NTNU UNIVERSITY MUSEUM GRANTS THE APPLICATION ON THE FOLLOWING CONDITIONS:**

1. Sampling to be carried out by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Unused material should to be returned to NTNU University Museum by: \_\_\_\_\_\_\_\_ (date, ref. 7a).
3. Analytical results (including data files) and report(s) should be sent to NTNU University Museum by: \_\_\_\_\_\_\_\_\_\_ (date, ref.7a)

Access to analytical results can be protected until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Publication(s) should be forwarded to NTNU University Museum within \_\_\_\_\_\_\_\_\_\_ (ref. 7 b,c).
2. NTNU University Museum shall be acknowledged as custodian for the sampled material(s) in publications.

If the above-specified conditions cannot be met, the applicant must inform NTNU University Museum so that new arrangements can be agreed upon.

Violation of the contract may result in future applications by the applicant or applicant’s institution not being considered.

**This contract is signed in two copies, with each institution to receive one copy.**

**For: NTNU University Museum For:**

**Name: Name:**

**Title: Title:**

 **E-mail address:**

**Date: Date:**