# Proposal for Experiment

**Involving Highly Charged Ion Beams at the James R. Macdonald Laboratory User Facility**

For the Time Period 21 May 2001 to 20 May 2002

(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 3 April, 2001 to: Director, J. R. Macdonald Lab, Department of Physics, 116 Cardwell Hall, Kansas State University, Manhattan, KS 66506-2604, jrml@phys.ksu.edu**