## Application form for the usage of the Phonlab Department of Linguistics, University of Konstanz

Please print this form out and hand it to: N. Dehé/B. Braun (via B. Werner)

Barbara werner Department of Linguistics University of Konstanz D-78457 Konstanz		Fax: +49 7531 88-2729 Fax: +49 7531 88-4149 Email: barbara.werner@uni-konstanz.de			
Name of the applican	t				
Contact Information (Tel & Email)					
Which of the followir	ng categories ap	oplies to you?			
<ul> <li>Department of</li> </ul>	f Linguistics U	ni KN			
<ul> <li>Other Department</li> </ul>	nent at the Uni	KN:			
- external					
Only if external:	Institution:				
	Address:				
	Cooperation p (obligatory)	partner:			
Stage: a. BA	b. MA	c. Doctorate d. Postdoc/Prof			
Only if ac.:	Supervisor:				
	Project title:				

Requested period of use: Please note that a maximum of	of 3 hours can usually	be bool	ked per day.		
	From (date, time):				
	Until (date, time):				
	Stunden insgesamt:				
	Room:	G103		G104	
Type of experiment planned:	Production [		Perception		
Signature of the applicant:	Konstanz,				_ (date)
	Signature:				

## **Important:**

- If this is your first time using the Phonlab, please contact Massimiliano Canzi or Alex Heizmann (see Phonlab Website > Team > Admin and Support) for a brief introduction.
- Arrange appointments with Barbara Werner by email or telephone.