

**CTCDC  
STATUS OF EXPERIMENT**

Date \_\_\_\_\_

Item \_\_\_\_\_ Experiment \_\_\_\_\_

Sponsor \_\_\_\_\_

Supporting Agency & Contact \_\_\_\_\_

\_\_\_\_\_

Next Appearance Before the CTCDC \_\_\_\_\_

Milestones \_\_\_\_\_

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Status \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_