



**NEOSSat observation time request - Cycle 9**  
 Email completed form as attachment to: [neossatscience@asc-csa.gc.ca](mailto:neossatscience@asc-csa.gc.ca)



**Applicant**

	Title	First name	Last name	Institution	Email
<b>PI</b>					
<b>Collaborators</b> If more than three, add to proposal					

**Title of proposal**

Title of proposal: \_\_\_\_\_

**Target of opportunity (can be submitted anytime)**

If this is a ToO, indicate the justification in the science proposal below, include time criticality, strategic concerns, such as concurrent observations.

**Observation type**

**Photometric** *(select type)*

- Asteroseismology
- Transients
- Exoplanet transits
- Other photometry: \_\_\_\_\_

**Astrometric** *(select type)*

- Asteroid follow up
- Comet follow up
- Other astrometry: \_\_\_\_\_

**Imaging**

- Point source
- Extended source

**Scheduling**

Observation run start date:  
 Observation run end date:

**Science proposal next page**

## Science Proposal

**Please provide a description of the science to be explored using NEOSat (maximum 4 pages). This will be used to evaluate the request (according to criteria in section 3.3 of the AO), and prioritize observation times of selected proposals. Where possible, please write the proposal such that it is suitable for double blind reviews.**

**Please include the necessary information for observation planning using the Excel template provided.**