

Research Carrel Application Form

(Print)

Name: _____ Banner ID#: _____
(Last) (First) (MI)

Phone: (Cell) _____ (Home) _____ (Office) _____

Email: _____

Address: _____

Department: _____ Status: ___PhD ___Masters ___Other

Semester / Session: ___ Fall ___ Spring ___ Summer

If less than a semester: _____ to _____

Floor Preferred: ___2nd ___3rd ___4th

Explain the reason you will need a Research Carrel for the time period stated above:

I have read and agreed to the Research Carrel Policies and Procedures.

Applicant's Signature: _____ Date: _____

Department Chair's Assessment:

___ The PhD candidate's dissertation has been approved.

___ I support the graduate candidate's application & verify the research project is accurate.

Department Chair's Signature: _____ Date: _____

Print Name: _____ Email: _____

For Office Use:

Priority: _____ Date Received: _____ Assigned Room No.: _____

Comments:

