

Application for Individual Graduate Research/Study Carrel

Semester: _____

Student Name: _____ Bar Code #: _____
(Please print)

Address: _____ Dept: _____

Phone: _____

Email: _____

Description of Research Project:

I have read the attached Individual Graduate Research/Study Carrel Policy and agree to the conditions it contains.

Name _____ Date: _____
(Graduate Student Signature)

Carrels are designed for graduate students working on dissertations, theses, or research projects that are part of the student's graduate program and need Library accessibility. My recommendation of the above-named graduate student is consistent with this policy.

Graduate Coordinator: _____
(Please print)

(Signature) Date: _____

Library Use Only

Approved by: _____ Date: _____
(Head, Access Services)

Room/Key Number: _____ Date Approved: _____ Initials _____
(Assigned by Circulation)

Date Returned: _____ Initials _____