

Date of application:	
Name of organization:	
Type of organization:	
Address:	
Name of authorized officer of organiz	ation:
Phone #:	
Nature of Lab Use:	
Day (of week) of Lab use:	Date of Lab Use:
Session Start Time:(Please note end time must include an	Session End Time: aple time for clean-up)
	er representing the above-identified organization, I am indicating that I have read and ab Guidelines and Policies and that I and my users agree to abide by the elements and
Signature of applicant/authorized office	cer:
Please note: Only equipment already installed or present in Lab is available. Blank, pre-formatted, IBM-compatible 3.5" floppy disks are available at the Circulation desk for a nominal charge.	
For Office Use Only	
Application approved by Lab Coordin	nator (initials)
Application denied by Lab Coordinat Reason for application denial:	or (initials)
Applicant notified Notific	ation date