



J. Edgar & Louise S.
Monroe Library

Faculty Research Study Room Application

I. Please complete the following:

Name: _____ Date: _____
Department: _____ Email: _____
Office Phone: _____ Semester: _____

Please check one:

- Faculty, full-time, tenure-track/junior faculty member
- Faculty, full-time, tenured
- Faculty, visiting/extraordinary
- Other, please explain: _____

Please describe the research project and tell us how a research study room will help you complete this project:

Please sign the following agreement. I agree to adhere to the [library's research study room policies and privileges](#).

Applicant's signature: _____ Date: _____

II. Please obtain the following signatures.

To the department chair: Please sign and date this application. Your signature indicates that you have reviewed this application and you endorse the application.

Signature: _____ Date: _____

To the college dean: Please sign and date this application. Your signature indicates that you have reviewed and you endorse this application.

Signature: _____ Date: _____

Please return the signed application to:

Mary Hines, Monroe Library, Campus Mail, Box 198.

The library will contact you to let you know if your application is approved.