



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Department/Major: \_\_\_\_\_ Library ID# (barcode #): \_\_\_\_\_  
Office Telephone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check one:

- Faculty (full-time/tenure-track/junior faculty member)
- Faculty (full-time/tenured)
- Faculty (part-time/non-tenure track)
- Graduate student  Honors student  Other:

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

Please check which of the following applies:

- I can share a study
- My work requires exclusive occupancy

Please sign the following agreement:

I agree to adhere to the guidelines for use as outlined in the Policy on Research Study Rooms.

Applicant's signature: \_\_\_\_\_

Please obtain the following signatures:

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***Faculty:***

*To the department chair:* Please sign and date this recommendation:

I recommend the application of \_\_\_\_\_ for a library research study.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*To the college dean:* Please sign and date this recommendation:

I recommend the application of \_\_\_\_\_ for a library research study.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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***Graduate & honors students:***

*To the department chair, thesis or academic advisory:* Please sign and date this recommendation:

I recommend the application of \_\_\_\_\_ for a library research study.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*To the college dean:* Please sign and date this recommendation:

I recommend the application of \_\_\_\_\_ for a library research study.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Date received:

Initials:

Date assigned:

Initials:

Carrel #

Key #