



COLLEGE OF APPLIED AND NATURAL SCIENCES

Advanced Studies Laboratories

Request for Space: Send form to Associate Dean for Graduate Studies and Research

Date _____

Check one:

Initial Request: ☐

Renewal Request: ☐

Name of Applicant(s): _____

Requested Facility: ☐ ASL ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7 ☐ #8
(Check as appropriate) ☐ #9 ☐ #10

Duration of Project: _____

Brief Description of Activity:

Expected Outcomes or Accomplishments:

Signature(s) of Applicant(s): _____

To be completed by ANS Administrative Council:

Advanced Studies Labs Assigned ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7 ☐ #8 ☐ #9

(Check as appropriate)

☐ #10

Date of Assignment _____

Date of Termination or Due Date for Renewal Request _____

Comments: