MAIN LIBRARY CARREL APPLICATION

| NAME | Еман | DEDARENT | DATE |
|---|---------------------------|-------------------------------------|---------------------|
| NAME: | E-MAIL: | DEPARTMENT: | DATE: |
| | | | |
| DEPARTMENT ADDRESS: | UGA ID NUMBER: | NEED CARREL FOR: (CIRCLE ONE) | STATUS: |
| | | Whithia throid | EACH TY |
| | | WRITING THESIS WRITING DISSERTATION | FACULTY |
| | | LITERATURE REVIEW | GRADUATE STUDENT |
| | | GRANT PROPOSAL | MASTERS |
| PHONE NUMBER: | PHONE NUMBER: | OTHER | DOCTORAL |
| SUBJECT OF RESEARCH: | | | |
| | | | |
| | | | |
| TO BE COMPLETED BY MAJOR PROFESSOR: | | | |
| TO BE COMILETED BY WINDON'T KOTESSON. | | | |
| STUDENT NEEDS CARREL TO: | STUDENT HAS COMPLETED ALL | MAJOR PROFESSOR | DEPARTMENT ADDRESS: |
| | COURSE WORK FOR DEGREE | | |
| | VEC. | DED A DEL MENTE | |
| | YES: NO : | DEPARTMENT | |
| | 110. | | |
| | | | |
| | | | PHONE NUMBER |
| I AGREE THAT STUDENT WOULD BENEFIT FROM CARREL ASSIGNMENT AT THIS TIME. | | | |
| APPROVED: MAJOR PROFESSOR DATE | | | |
| AFFROVED. MAJOR FROTESSOR | | | |
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| Carrels are assigned for research and study requiring prolonged use of substantial quantities of library materials. The library reserves the right to | | | |
| revoke a carrel assignment if the carrel is not being used to a reasonable degree. | | | |
| FOR OFFICE LICE ONLY | | | |
| FOR OFFICE USE ONLY | | I | I |
| CARREL NUMBER | DATE ASSIGNED | DEPOSIT \$35.00 | DATE OF REFUND |
| REFUND APPROVED BY: | | | CHECK NUMBER |

Carrels are assigned by appointment only. Please email Mary Poland (mwpoland@uga.edu) to set up an appointment after sumbitting your application.