

## SCIENCE LIBRARY CARREL APPLICATION

NAME:	LAST 4 DIGITS OF 810 NUMBER:	DEPARTMENT:	DATE:
DEPARTMENT ADDRESS: _____ _____ _____	HOME ADDRESS: _____ _____ _____	NEED CARREL FOR: (CIRCLE ONE)  WRITING THESIS WRITING DISSERTATION LITERATURE REVIEW GRANT PROPOSAL OTHER	STATUS:  FACULTY _____  GRADUATE STUDENT MASTERS _____ DOCTORAL _____
PHONE NUMBER:	PHONE NUMBER:	SUBJECT OF RESEARCH:	

**TO BE COMPLETED BY MAJOR PROFESSOR:**

STUDENT NEEDS CARREL TO: _____ _____ _____ _____ _____	STUDENT HAS COMPLETED ALL COURSE WORK FOR DEGREE  YES: _____ NO : _____	MAJOR PROFESSOR _____  DEPARTMENT _____	DEPARTMENT ADDRESS: _____ _____ _____  PHONE NUMBER _____
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I AGREE THAT STUDENT WOULD BENEFIT FROM CARREL ASSIGNMENT AT THIS TIME.

APPROVED: MAJOR PROFESSOR \_\_\_\_\_ DATE \_\_\_\_\_

ELIBIBILITY FOR CARREL ASSIGNMENT IS LIMITED TO TWO SEMESTERS.

SPRING SEMESTER \_\_\_\_\_  
 SUMMER SEMESTER \_\_\_\_\_  
 FALL SEMESTER \_\_\_\_\_

*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 USE ONLY**

CARREL NUMBER	DATE ASSIGNED	DEPOSIT <b>\$35.00</b>	DATE OF REFUND
REFUND APPROVED BY:			CHECK NUMBER

*Carrels are assigned by appointment only. Please call 542-4535 to make appointment.*