

SCIENCE LIBRARY CARREL APPLICATION

NAME:	LAST 4 DIGITS OF SSN:	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 ASSIGNEMENT 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 \$35.00	DATE OF REFUND
REFUND APPROVED BY:			CHECK NUMBER

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