

SCIENCE LIBRARY CARREL APPLICATION

NAME: _____ _____ _____	E-MAIL: _____	DEPARTMENT V<.....> "	DATE: "
DEPARTMENT ADDRESS: _____ _____ _____	UGA ID NUMBER: _____	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 \$35.00	DATE OF REFUND
REFUND APPROVED BY:		CHECK NUMBER	

Carrels are assigned by appointment only. Please contact Byron Smith (science@uga.edu) to make an appointment after submitting your application.