

JAMES E. BROOKS LIBRARY
Research Room Application

Please fill in each item below as completely and legibly as possible and submit your application to the Dean's office, room 206.

Name: _____

Status: Faculty _____ Currently Enrolled Graduate Student _____
(Check one) (If graduate student, please provide your student ID number)
Staff _____

Requesting research room for: *(Check only one selection)*
Fall Quarter _____ Spring Quarter _____
Winter Quarter _____ Summer Quarter _____

Department: _____ Email: _____

Phones: Home: _____ Cell: _____ Message: _____

Address: _____
Street Address *City/State/Zip*

I have received and read the policy concerning use of the University Library Research Rooms and agree to follow the policy.

_____ Date: _____
Signature

There may be a waiting list for study carrels. Please let us know as soon as possible if you no longer wish to use your study carrel. Thank you.

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For office use only

Carrel Assignment Date _____ Room Assigned _____
Key Card Issued _____

Notes: