

Lab Use Request

Date of Request: _____

Principle Investigator: _____ Cell # _____

Project Title: _____

Department Account Number: _____

Research Assistants for Project: _____ Cell # _____

Please provide your best estimate for start and completion of this specific lab request

Starting date for Requested space: _____

Completion date for Requested space: _____

Space Requested:

☐ Outside ☐ Inside ☐ on strong floor ☐ anywhere

Approximate square footage required: _____

Additional location requirements: (be as specific as possible)

Special equipment requirements: (i.e. crane, static or hydraulic loading, etc.)

Please provide an outline of the anticipated test(s) associated with this Lab request.