

Scientific Use Request Form

University Research Grant	State funded project
Student Research (non-grant fu	inded) Private/Commercial/Consulting
Contact Information:	
Requesting Individual:	
Sponsoring Faculty Member/Supervisor	r (if different):
Organization:	
Email:	
Cell Phone Number:	
Group Information	
Arrival Date:	Arrival Time:
Departure Date:	Departure Time:
Total Number of Participants:	
Names of participants:	
Location(s) you are requesting to use:	

Scientific Use Type:

Brief description of project / scientific use request:		
Will you be collecting or removing sa	imples from the site?	
□ Yes		□ No
If yes, please describe (be specific):		
Will you be requesting the use of ves	ssels?	
□ Yes		□ No
If yes, which one(s)?		
what date(s)?		
Will you be requiring lab space or us	e of other areas of th	e marine center?
□ Yes		□ No
	eeds (e.g., specific lab	is desired; access to running sea water; power
needs; use of tanks; etc.):		
Trip Agenda/Notes:		
,		
For Internal Use Only:		
Group Type:	Rooms Needed:	
☐ University: Consortium	□ Yes	Approved
☐ University: Non-Consortium☐ State Agency	□ No	Not Approved
□ Commercial		Signature and Date