NRES Project Space Request Form

This section to be completed by project advisor

Student Name____________________________________________________

Student Major _____________ Advisor’s Name __________________________

Desired Space: ______________________________________________________

This student is authorized to access NRES lab space for the purposes of their project pending satisfactory completion of the project-specific Standard Operating Procedure (SOP), as well as required training and forms.

Start Date: ________________  End Date: ________________
(anticipated)

Note: The assignment of a specific space is determined by the nature of the project as well as the availability of the space.

This section to be completed by student

I understand and will comply with all lab safety and work rules. I understand that failure to comply will result in a loss of access privileges.

Student Signature: ________________________________________________

Date _______________________________

Email _____________________________@calpoly.edu

Phone ______________________________

Submit this form to NRES Technical Staff