Access to SEEC/SEEL Labs         Date___________ Access Expires_________________

Which lab do you need access to:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Circle one:     Undergrad     Graduate     Post-Doc     Faculty/Staff

Name: ____________________________     Buffcard#: _______________________

Pl/Supervisor: ____________________________     Office: _______________________

E-mail: ____________________________     Phone: ___________________________

How long do you need access to the lab? ____________________________
Grad/PostDoc – how many years? ____________________________

Do you need access on the weekends?     YES  or NO
What will you be doing in the lab (justification)?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Pl Signature approving the instrument(s) can be used by you:_____________

Do you need 2nd floor bridge access from SEEC to SEEL:  YES or NO

Will you be generating any chemical waste?     YES  or  NO

Do you anticipate borrowing equipment or supplies for use in another space?  YES or NO
All borrowing must be arranged with and okayed by the lab supervisor.

Signature:_____________________________________  Date:___________________

Lab Manager initial if needed: ______________ Required PI Approval: ______________