

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#:** _____

PI/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)?

PI 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:** _____
