



NICHOLSON LIBRARY RESEARCH STUDY CUBICLE

Application for Individual Research Study Cubicle

Cubicles are designed for library users working on dissertations, theses, or research projects.

Semester:	<input type="checkbox"/> Short _____ yyyy	<input type="checkbox"/> January - April _____ yyyy	<input type="checkbox"/> May - July _____ yyyy	<input type="checkbox"/> September - December _____ yyyy
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PLEASE COMPLETE IN BLOCK LETTERS

User Name: _____ User #: _____

Phone: _____ E-mail: _____

Description of Type of Project: _____

Period Required for Use of Cubicle: Start Date: _____ End Date: _____

DECLARATION:

I have read the attached **Individual Research Study Cubicle Policy** and agree to the conditions.

User Signature: _____ Date: _____

FOR OFFICIAL USE ONLY	
Approved by:	
Library Technician Signature:	
Cubicle Card Barcode:	2194600000_____
Cubicle #:	
Date Assigned:	Staff Initials:
Date Returned:	Staff Initials: