

**For Office Use Only:**

Carrel Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

## **CARREL POLICY & APPLICATION**

### **Application for Research Carrel in J. D. Williams Library**

Printed Name: \_\_\_\_\_

University ID#: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Local Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Requesting Carrel: \_\_\_\_\_ Summer 2008      \_\_\_\_\_ Fall 2008      \_\_\_\_\_ Spring 2009

Please circle if you have a disability that requires a carrel for the disabled: Yes No

Please provide a brief description of your research project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which library resources will be used in support of this project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected completion date of research project: \_\_\_\_\_

Library policy states that books and other library materials kept in a research carrel should be properly checked out. Library staff reserves the right to check carrels periodically and to remove material that has not been properly checked out. Also, there will be ABSOLUTELY NO APPLIANCES (coffee makers, microwaves, etc.) allowed in the carrels. The Library will not be responsible for any materials (books, papers, computer equipment, etc.) which could be stolen or damaged due to incidents beyond our control.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Faculty Advisor's Approval**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_