

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 2009 _____ Fall 2009 _____ Spring 2010

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: _____