**Project Information:**

| **Project Title:** | | |
| --- | --- | --- |
| **Anticipated Start Date:** | **Expected End Date:** | |
| **Benches Requested/Assigned:** | | |
| **Light Regime** | **Temperature Range** | **Watering Schedule** |
| **Extended Photoperiod?**  **Additional Light?**  **Shading?** | **Daily High:**  **Nightly Low:** |  |

**Project Description:**

|  |
| --- |
| Please provide a brief description of your experiment or project, including details about the plant material involved (e.g., genera, species, agricultural, native, transgenic, mutant). Indicate whether your research involves the use of transgenic plant material or hazardous chemicals. |

**Special Considerations:**

|  |
| --- |
| Please outline any special considerations or requirements for your project. If applicable, please describe your plans for the use and disposal of any hazardous chemicals or transgenic plant material. The facility provides daily watering and pest management, and we will also remove leaf debris from benches and sweep the floors after watering. If these services would interfere with any aspect of your research, please let us know. |

**Funding Information:**

|  |  |
| --- | --- |
| **Department or Organization:** |  |
| **Funding Account Banner Number (or payment method):** |  |
| **Authorized Signature (PI or Department Head):** |  |

**Principal Investigator Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email** | **Phone** | **Other Contact** |
|  |  |  |  |

**Other Users/Emergency Contacts:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email** | **Phone** | **Other Contact** |
|  |  |  |  |

### 

### **User Agreement**

By signing below, I confirm that I have thoroughly read and understood the policies and guidelines outlined in the **Biological Sciences Plant Research Facility** user handbook. I agree to adhere to all **Biological Sciences Plant Research Facility** use policies and ensure compliance during the course of my work within the facility.

|  |
| --- |
| **PRINCIPAL INVESTIGATOR**  **P.I. Printed Name:** |
| **P.I. Signature:** |
| **Date:** |

**ADDITIONAL USERS:**

|  |
| --- |
| **Printed Name:** |
| **Signature:** |
| **Date:** |

|  |
| --- |
| **Printed Name:** |
| **Signature:** |
| **Date:** |