Study Carrel Key Requisition

Depts of Biology, Chemistry & Environmental Studies

PLEASE COMPLETE ALL AREAS

REQUESTED BY

Name_____ Department_____
(PLEASE PRINT)

Are you? ☐ Stipend ☐ Research Associate ☐ Post Doc ☐ Graduate Student ☐ Honours Student

Student Number_____

***Students pay a $20.00 deposit, refundable upon return. Receipt No._____**

Name of associated faculty member:_____

Home Address:_____
Street Address City Postal Code

Home Telephone_____ Email_____

Date_____ Signature_____

EXPIRY DATE _____

EVERYONE MUST PUT A SIGN ON THEIR STUDY CARREL INDICATING THEIR NAME - DEPARTMENT

Carrel #	CUPBOARD KEY #	DRAWER KEY #

ISSUED BY: _____ DATE: _____

Revised: May 27, 2013