GREENHOUSE/GROWTH ROOM SPACE REQUEST

DUE ONE WEEK BEFORE THE SEMESTER BEGINS

This application is for (circle one): FALL      SPRING      SUMMER

RESEARCH PROJECTS

Faculty Responsible ______________________

Project Title(s) ________________________________________________________

Plant Species ___________________________ Transgenic? __________

Number of benches needed:
   Short bench 5’x15’ _______ Long 5’x22’_______

Date needed: __________________________

Approximate duration of experiment ________________

Temperature: Day ___________ Night ___________

Day temperatures during these times (choose one):
   During these hours: _____ am to _____pm
      Follow natural sunrise/sunset ______
      Follow my HID lights/blackcloth _____

Other environmental needs?:
   Deionized water______ Photoperiod ______ Max Humidity ________

Special considerations for insecticide/fungicide applications__________
   Explain:

TEACHING/EXTENSION PROJECTS

Faculty Responsible ______________________________________________________

Course Title _____________________________________________________________

Plant Species ___________________________ Transgenic? __________
Number of benches needed:
  Short bench 5’x15’ _______ Long 5’x22’ _______

Approximate duration of experiment ________________

Temperature: Day ___________ Night ___________

Day temperatures during these times (choose one):
  During these hours: ___ am to ___ pm
  Follow natural sunrise/sunset _____
  Follow my HID lights/blackcloth _____

Other environmental needs?:
  Deionized water _____ Photoperiod _____ Max Humidity ______

Special considerations for insecticide/fungicide applications ______
  Explain:

OUTSIDE PERSONNEL AUTHORIZATION

If HLA faculty are involved in a joint project that requires persons from outside the department using the facility, this needs to be authorized by the HLA greenhouse committee, in consultation with the plant growth facilities manager. This authorization must be renewed each semester.

Collaborator name(s): ___________________________

Position: ___________________________

Department: ___________________________

Faculty Advisor: ___________________________

Name of project: _________________________________________________________________

Duration of use: ___________________________

Rationale: