

**APPENDIX A
REQUEST FOR RESEARCH SPACE IN RAPC GREENHOUSES**

Principal Investigator: _____

Department: _____

Phone # of Responsible Person: Office _____ Home _____

Alternate #: Office _____ Home _____

Project Name: _____

Cost Center No.: _____ Supporting Agency: _____

Brief description of proposed research (objectives, plant species, treatments, chemical usage, etc.)

Biological containment required: Yes No

Minimum bench space required (Ft²): _____

Date to be initiated: _____ Terminated: _____

Special environmental requirements (temperature, lighting, etc.)

Graduate student research involved: Yes No

Name(s) of graduate students: _____

**APPENDIX B
GROWTH CHAMBER SPACE REQUEST**

Name of Principal Investigator: _____

Space Requested (estimate ft²): _____

Cost Center Number: _____

Date to be initiated: _____ Terminated: _____

Special needs (e.g. lighting, temperature, etc.):

Brief Description of research and justification for growth chamber space:

Grant support for the project: _____

Names of graduate students and other research personnel associated with the research:

**APPENDIX C
REQUEST FOR TEACHING SPACE IN RAPC
CONSERVATORY AND GREENHOUSE**

Instructor: _____ Department: _____

Office Phone: _____ Home Phone: _____

Course Title: _____

Course Number: _____ Year: _____ Semester: F W S

Project student enrollment: _____

Will you be using conservatory for classes/laboratories: Yes No

If yes, indicate days of week and time of class/lab: Mo Tu We Th Fr Sa Su

Times of class/lab: _____

Briefly describe how conservatory will be used:

Will you also be using teaching greenhouses? Yes No

If yes, minimum bench space required (ft²) at any one time during semester: _____

Date to be initiated: _____ Terminated: _____

Special environmental requirements (temperature, lighting, etc.)

Briefly describe how the greenhouse will be used in terms of teaching objectives, student involvement, etc.