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? _____

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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: