

PROJECT OVERVIEW

PART 1



(to be completed by Principal investigator)

Date:
Researcher's Name:
Researcher's Current Phone #: State:
Current email: Alternate email:
Timeframe (arrival date):
College or Department:
Department Contact: Phone #:
Department Contact email:
Funding Source:
Timeframe (need to be in by date):
Schedule Conflicts (grand deadline, end of year, start of semester, etc.)
Need Swing Space YES NO
Classroom Building: YES NO

Type of Research:

"Dry Lab"

Cognitive Computer Observation

"Wet Lab"

Chemistry BioScience Pharmacy Diagnostic

Physics (nuclear/particle) Physics (conventional)

Astronomy Other (please specify): _____

Clean Room (please specify): _____ Please List Class: _____

Drug Mfgr. Bioinformatics Biocontainment

Materials Research Other _____

HAVE/USE:

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Specialized Equipment | <input type="checkbox"/> Speciality Water (RO, DI, Ect) |
| <input type="checkbox"/> Audio/Video Equipment | <input type="checkbox"/> Ice Machine | <input type="checkbox"/> Cold Room | <input type="checkbox"/> Photo Development |

Customer-Provided Narrative:

(Please describe the type of research you do and the lab you currently have/would like to have. Provide a diagram of lab space with equipment marked.)