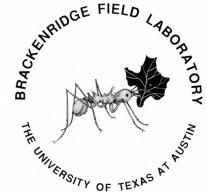




BRACKENRIDGE FIELD LABORATORY
 STENGL LOST PINES BIOLOGICAL STATION
 THE UNIVERSITY OF TEXAS AT AUSTIN



Request for Research Space

Name: _____
 E-mail address: _____
 Phone (cell preferred): _____
 Campus Address (Dept/Bldg/Room/Mail code) _____
 Name and department of major professor: _____

Description of research project: (or attach a copy of proposal abstracts, either from a grant or graduate committee):

Describe Space & Utility Requirements:

Requested duration of research from _____ to _____

I agree to the following:

1. I will provide an annual report summary, and such information may be used on the field station website and other reports,
2. I will provide a copy of data collected on habitats and wild-living organisms (other than cultures or manipulations) as soon as the study is complete.
3. I will remove everything associated with the experiment on its termination, restore disturbed areas, and return all keys,
4. I will acknowledge the field station in all publications and reports that utilize the facilities, and send a copy to the Director,
5. When submitting UT grant proposals, I will include BFL and its Unit Code, 2060, on the PRF that goes to OSP in the section "ORU to receive credit for Proposal/Award."
6. I agree that UT has no liability for damage or injury to my person or property and I have signed the Release and Indemnification Agreement.
7. I agree to abide by all UT policies (including prohibitions on alcohol, tobacco and misconduct), to follow the site User Handbook guidelines and instructions given by UT supervisory personnel.

Signature: _____ Date: _____