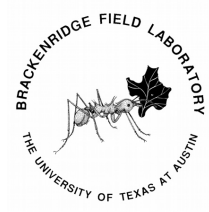




BRACKENRIDGE FIELD STATION
 2907 LAKE AUSTIN BOULEVARD
THE UNIVERSITY OF TEXAS AT AUSTIN
 Austin, Texas 78703 U.S.A. • (512) 471-2825



Request for Research Space

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

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

Location of Experiment:

Describe Space & Utility Requirements:

List special requirements (if any):

Requested duration of research from _____ to _____

I agree to the following:

1. I will provide an annual report summary to BFL, and that such information may be used on BFL website and other reports,
2. I will remove everything associated with the experiment on its termination and return all keys,
3. I will acknowledge BFL in all publications and reports that utilizes its facilities and send a reprint to BFL Director,
4. I will comply with all User guidelines (see website),
5. When submitting grant proposals, I will include BFL and its Unit Code, 2060, on the PRF that goes to OSP in the blank "ORU TO RECEIVE CREDIT FOR PROPOSAL/AWARD."

Signature: _____ Date: _____

Please return completed form to:

Dr Rob Plowes
 Brackenridge Field Laboratory (Mailcode L7000)
 The University of Texas at Austin
 2907 Lake Austin Blvd Austin, TX 78703
 rob.plowes@austin.utexas.edu