

# School of Humanities, Arts, and Social Sciences

## Equipment Room

### Equipment Special Use Request

#### Requestor Information:

Requestor Name:

Requestor Phone:

Requestor E-Mail

Date:

☐ Undergraduate Student

☐ Graduate Student

☐ Faculty

☐ Staff

Course Name and Number (if applicable):

Faculty Sponsor (if applicable):

#### Use:

☐ School/Departmental Event

Event Name:

☐ Large Class Project

Course Number and Name:

☐ Learning/Testing

☐ Other

#### Explanation of Need:

#### List of Equipment Requested:

Equipment Use Location:

Desired Pickup Date

Desired Return Date

#### Authorization:

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
Faculty Sponsor

\_\_\_\_\_  
Equipment Room Staff

\_\_\_\_\_  
Manager