

HATFIELD MARINE SCIENCE CENTER

VISTING SCIENTIST SPACE / FACILITIES REQUEST FORM

(Please submit request to HMSC Director's Office via email to: monita.cheever@oregonstate.edu or mail hard copy to: HMSC Visiting Scientist Program 2030 SE Marine Science Dr. Newport, OR 97365)

Name, Title: _____ Date: _____

Institution: _____

Address: _____

Phone: _____ Email: _____

Associated Investigators (or Advisor, for students): _____

FACILITIES REQUEST

Please check all that apply and provide additional info.

Estimated amount of space needed:
(e.g. number of seats, square footage, linear feet of lab bench space, etc.)

Period of Use: (include expected termination date, and provide alternative periods of use, if possible.)

- | | | |
|------------------------------------------------|-------|-------|
| <input type="checkbox"/> Meeting room | _____ | _____ |
| <input type="checkbox"/> Auditorium | _____ | _____ |
| <input type="checkbox"/> Office/Library Carrel | _____ | _____ |
| <input type="checkbox"/> Lab / Wet Lab | _____ | _____ |
| <input type="checkbox"/> Classroom | _____ | _____ |
| <input type="checkbox"/> Wet lab classroom | _____ | _____ |
| <input type="checkbox"/> Outdoor seawater tank | _____ | _____ |
| <input type="checkbox"/> Vessel (or other) | _____ | _____ |

Purpose: Briefly describe the purpose of the proposed space use. If requesting space for research purposes, describe the objectives of the project. If you have additional background information relevant to your research, please attach.

Equipment needed: e.g. microscopes, computer(s) and/or network access

Special Requirements: e.g. cold space (indicate temp), fume hood, hazardous chemical use