

UNI Biological Preserves Usage Request Form

Date of Request _____ Person Making Request _____

Address _____ City _____ Phone _____

Please Check one of the following

Faculty _____ Staff _____ Student _____ Teacher _____ Other _____

If Other Please Explain _____

Preserve To Be Used _____ Section _____

If Applicable

Name of Group _____ Group Leader _____

Purpose of Visit _____

Single Visit _____ Multiple Visit _____ Research _____

If Research Please List The Expected Length Of The Project

If Research Please Send a Copy of your Abstract to the Preserves Committee

If Other Than Research Please List The Single Or Multiple Visits And Times

Dates (s) To Be Used	Time
_____	_____
_____	_____
_____	_____
_____	_____

Approved By _____ Denied By _____ Date _____

Preserve Committee Comments _____