

PERMISSION FOR EXTENDED ACCESS TO SET LABORATORIES AND CLASSROOMS

SECTION I: STUDENT INFORMATION

LAST NAME

FIRST NAME

StMU ID #

CONTACT (CELL) NUMBER

SUPERVISING FACULTY MEMBER

DEPT

SHORT DESCRIPTION OF WORK TO BE DONE:

I have read the "Extended Access Policy for Student Research and Projects in SET Laboratories and Classroom" and agree to abide by their restrictions. **Under no conditions will I work alone 'after hours' in the laboratory unless I have a buddy and have received training in the proper experimental and emergency procedures and understand those procedures for the work I am authorized to do after hours.**

Student Signature: _____ Date: _____

SECTION II: FACULTY PERMISSION

The student has been trained in proper experimental and emergency procedures for the work to be performed after hours and understands the requirements of the "Extended Access Policy for Student Research & Projects in SET Laboratories and Classroom" and any restrictions on work that can be done after hours without direct faculty supervision. I approve this request for permission to work after hours.

Building and Room Number: _____ Duration of Permission: _____

Hours Access are Allowed: _____

Restrictions on After Hours Work: _____

Supervising Faculty Signature: _____ Date: _____

Office Extension: _____ Contact (cell) Number: _____

SECTION III: GENERAL LABORATORY SAFETY TRAINING

This student has completed the general laboratory safety training and passed the accompanying assessment.

Date of Training: _____

Supervisor Signature: _____ Date: _____

SECTION IV: TO BE COMPLETED BY ASSOCIATE DEAN

Access Request Denied/Approved: Reason for denial: _____

Approved Building, Room(s), and Access Hours: _____

Associate Dean Signature: _____ Date: _____