JOINT INSTITUTE
交大密西根学院

RESEARCH SPACE REQUEST FORM

Faculty/Group Name				
Existing Research Space	Room No.		Size (m^2)	
Research Space being requested	Purpose		Size (m^2)	

Reason of Requesting Research Space: (Describe research work, projects under planning, funding, research team, equipment, requirements for space etc.)

Applicant signature: Date:

Review Opinion of Space and Facilities Committee:

Signature: Date:

Associate Dean for Research Approval:

Signature: Date: