

**APPLICATION
FOR
JACKSON LIBRARY INDIVIDUAL RESEARCH CARREL**

Name (please print): _____
Department/Major: _____
Campus/Local Address: _____
Street/Residence: _____
City/State/Zip: _____
Local telephone number: _____
E-mail address: _____

Applicant classification (please mark only one):

- IWU Faculty
- IWU Graduate student
- IWU Senior/Honors College student
- IWU Student
- IWU Staff

Length of time requested for carrel use (please mark only one):

- 1 week (7 days)
- 1 month (30 days)
- 1 semester (14 weeks)

Requested dates for carrel use (please specify exact dates):

Beginning date: _____
Ending date: _____

Rationale for research carrel request: _____

Notification of Research Carrel assignment will be sent via the email address provided on this application. The Jackson Library staff is not responsible for email addresses that are not current. If the notification of Research Carrel assignment is not responded to within 4 days of the date it was sent, the request will be cancelled and the carrel will be assigned to the next individual on the list.

Date e-mail sent: _____ Initials of sender: _____

I have thoroughly read, understand, and agree to abide by the attached RESEARCH CARRELS POLICIES AND PROCEDURES.

Signed: _____ Date: _____

**Please return completed application to the Jackson Library Circulation Desk
or email to Sheila.Carlbom@indwes.edu**