

Carrel #: _____

Semester: _____

Carrel #: _____

Semester: _____

Carrel Request Form

Student Name _____

Univ. ID #: _____

Local Address: _____

Email: _____

Course (if applicable): _____

I agree to the following policies and understand that I may lose the use of the carrel if I fail to abide by them:

Library staff initials _____

Date _____