

AAREC RESEARCH GREENHOUSE REQUEST

Department: _____ Date submitted: _____

Principal Investigator: _____

E-Mail: _____ Office Phone: _____ Home Phone: _____

Responsible Person: _____

E-Mail: _____ Office Phone: _____ Home Phone: _____

Project Name: _____

Space Requested (ft²): _____

Date to be initiated: _____ Terminated: _____

Special needs (lighting, temperature, etc.): _____

Brief description of research and justification for greenhouse space:
(objectives, plant species, treatments, chemical usage, pathogens, etc.): _____

If pathogens will be involved, how will the space be decontaminated? _____

Names and contact information of graduate students and other research personnel associated with the research:
