

Request for Room Access

College of Science, Technology, Engineering and Mathematics

Faculty/Staff requesting student(s) to have access to instructional & research spaces ***must*** complete and submit this form prior to student access safety training. Authorization is for one semester only and must be completed each semester the student requires access. Incomplete forms will be returned.

Student Contact Information:

Name of Student: _____

Shepherd University Student ID Number: _____

Student Email: _____ Student Cell Phone Number: _____

Student Emergency Contact Information:

Name: _____ Phone Number: _____

Faculty Mentor Contact Information:

Name: _____

Office Phone Number: _____ Cell Phone Number: _____

Room(s) Access Requested: _____

Room(s) Requesting Onity Access: _____

Please provide a brief description of the reason student access is required (use the back of the form or attach a separate description if necessary): _____

Access training will be provided by a CSTEM lab technician: Ms. Jenn Sirbaugh.

Access will not be granted until training has been completed and submitted to the Dean for approval.

As the faculty member requesting access for the student identified above, I am assuming responsibility for any damages to equipment or the physical space. I understand that I will be contacted as necessary regarding room use and questions/concerns regarding the student identified above. I also understand that the student is ***not*** allowed in the room or building outside of normal University hours (Monday – Friday 7a.m to 10 p.m.) in my absence or when another faculty member consenting to supervise the student is not present in the same building.

Faculty Member Signature: _____

Date: _____

Department Chair Signature: _____

Date: _____