

SEP Independent Project Resource Request

(To be completed with your project advisor)

Student Name:
Student Status_Major: <i>(Circle one)</i> ESTP Biology Graduate
Project Advisor Name:
Project Title:
Project Start Date:
Expected Graduation or Completion Date:

DESCRIPTION OF RESOURCES REQUESTED			
SEP instructional field equipment	Please describe each requested item in as much detail as possible	How often needed?	Approval
SEP instructional lab equipment	Please describe each requested item in as much detail as possible	How often needed?	Approval
SEP instructional science or computer lab space	Please include space type, time frame, and dates, if known	How often needed?	Approval
Purchase of expendable supplies or materials	Please include source of funds and prices, if known		Approval
If consultation and/or supervision from SEP staff or faculty other than project advisor will be needed, please describe		How often needed?	Approval

REQUIRED SIGNATURES			
<i>Your advisor must review and sign this form before you submit it to the SEP Science Lab Manager</i>			
<i>Project Advisor</i>	<i>Date</i>	<i>SEP Science Lab Manager</i>	<i>Date</i>