

LakeThoreau

ENVIRONMENTAL CENTER

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Usage Request Form

Usage Type: Education **Start Date:** _____
Research
Recreational **End Date:** _____
Other

Project leader:

Name: _____ USM ID Number: _____
Department: _____ Telephone: _____
Email: _____ Alt. Telephone: _____

Other Personnel:

	Name	Telephone	Email	ID Number
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____

Educational Usage:

Group Type: K-12 Number of Participants: _____
College/University
Lifelong Learning Classroom Facilities Needed?
Professional Workshop Yes No

Course Title (if USM course): _____

Description of Activities:

Research Usage:

Research Title: _____

IACUC Approval Needed?

Yes No

Approved by IACUC committee?

Yes No

IRB Approval Needed?

Yes No

Approved by IRB committee?

Yes No

Description of Experimental Approach: (please attach if extra space is required)

Recreational Usage:

Title of Event: _____

Number of Participants: _____

Building Facilities Needed?

Description of Event:

Yes No

Participation of Minors:

Are minors involved?

Yes No

If yes, what is the age range of minors present? _____

What is the ratio of adult supervisors to minors? _____

Location of Usage (attach map for research):

Approvals:

Project/Event Leader: _____

Date: _____

Lake Thoreau Director: _____

Date: _____

Department Chair: _____

Date: _____