**Allocation request Information Sheet**

|  |
| --- |
| **Lead researcher/instructor:** Academic overseeing research, primary course instructor  **Space User/ Custodian and Contact:** Technician, Student, Research Associate, TA etc. using the space day to day  **Space request(s) for each custodian:** Specific space requests can be made for continuity but may not always be possible  **Environmental Requirements**: Optimal growing conditions desired |

**Example**

**Lead Researcher/Instructor: Dr. Anita Brule-Babel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Space User/ Custodian** | **Space requests** : (Please include course number and name if teaching space is required) | **Environmental conditions requested** | | |
| **Day and Night Temps.** | **Day/Night Light Cycle** | **Other requirements e.g. mist chamber** |
| Kaitlyn Pidherny | 1. GR#3 & GR#4 | 20C – 14C | 16 h/8h | none |
| 2. conservatory Benches 4, 16 and 17 |  |  |  |
| 3. GH#4 bench #1 in Room 2 for corn |  |  |  |
| 4. # 4 embryo germ cabinet |  |  |  |

**Page 1**

**Lead Researcher/Instructor:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Space User/ Custodian** | **Space requests:** (Please include course number and name if teaching space is required) | **Environmental conditions requested** | | |
| **Day and Night Temps.** | **Light Cycle** | **Other requirements e.g. mist chamber** |
|  | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**Lead Researcher/Instructor:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Space User/ Custodian** | **Space requests:**  (Please include course number and name if teaching space is required) | **Environmental conditions requested** | | |
| **Day and Night Temps.** | **Light Cycle** | **Other requirements e.g. mist chamber** |
|  | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**Page 2**

**Lead Researcher/Instructor:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Space User/ Custodian** | **Space requests**: (Please include course number and name if teaching space is required) | **Environmental conditions requested** | | |
| **Day and Night Temps.** | **Light Cycle** | **Other requirements e.g. mist chamber** |
|  | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**Lead Researcher/Instructor:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Space User/ Custodian** | **Space requests**: (Please include course number and name if teaching space is required) | **Environmental conditions requested** | | |
| **Day and Night Temps.** | **Light Cycle** | **Other requirements e.g. mist chamber** |
|  | 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |