

GREENHOUSE/GROWTH ROOM SPACE REQUEST

DUE THREE (3) WEEKS BEFORE THE SEMESTER BEGINS

This application is for (circle one) FALL SPRING SUMMER

RESEARCH AND EXTENSION

Faculty Responsible _____

Project Title _____

Plant Species _____ Transgenic? _____

Square feet (or meters) of bench space _____

Date needed: _____

Approximate duration of experiment _____

Temperature: Day _____ Night _____

Day temp times (choose one):

Follow natural sunrise/sunset _____ **or**

Follow my HID lights/blackcloth _____ **or**

During these hours: ____ am to ____ pm

Other environmental needs?:

Deionized water _____ Photoperiod _____ Max Humidity _____

Special considerations for insecticide/fungicide applications _____

Explain:

TEACHING/EXTENSION

Faculty Responsible _____

Course Title _____

Plant Species _____ Transgenic? _____

Square feet (or meters) of bench space _____

Date needed: _____

Approximate duration of experiment _____

Temperature: Day _____ Night _____

Day temp times (choose one):

Follow natural sunrise/sunset _____ **or**

Follow my HID lights/blackcloth _____ **or**

During these hours: _____ am to _____ pm

Other environmental needs?:

Deionized water _____ Photoperiod _____ Max Humidity _____

Special considerations for insecticide/fungicide applications _____

Explain: