



THE UNIVERSITY OF
WINNIPEG

Study Carrel Key Requisition

Depts of Biology, Chemistry & Environmental Studies

PLEASE COMPLETE ALL AREAS

REQUESTED BY

Name _____ Department _____
(PLEASE PRINT)

Are you? Stipend Research Associate Post Doc Graduate Student Honours Student

Student Number _____

*Students pay a \$20.00 deposit, refundable upon return. Receipt No. _____

Name of associated faculty member: _____

Home Address: _____
Street Address City Postal Code

Home Telephone _____ Email _____

Date _____ Signature _____

EXPIRY DATE _____

**EVERYONE MUST PUT A SIGN ON THEIR STUDY CARREL INDICATING THEIR
NAME – SUPERVISOR’S NAME - DEPARTMENT**

Carrel #	CUPBOARD KEY #	DRAWER KEY #

ISSUED BY: _____ DATE: _____