



## GRADUATE STUDY AREA

### Access Application Form

(Please send to [k.suss@uwinnipeg.ca](mailto:k.suss@uwinnipeg.ca) along with your Key Requisition Form)

NAME:	
ADDRESS:	
EMAIL:	TELEPHONE:
NAME OF PROGRAM:	STUDENT NUMBER:

<i>Signature of Department Chair or Graduate Program Chair</i>	
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Request for Locker: _____ Yes                      _____ No
<b>Note: Lockers are assigned on a first come, first served basis.</b>

I AGREE TO EMPTY MY LOCKER AND TO REMOVE MY COMBINATION LOCK BY AUGUST 31st (or the preceding business day). I WILL REAPPLY TO THE OFFICE OF THE FACULTY OF GRADUATE STUDIES IF I WISH THE USE OF ASSIGNED LOCKER SPACE IN THE FOLLOWING YEAR. I UNDERSTAND THAT WITH RE-APPLICATION, I MAY HAVE TO MOVE TO A NEW LOCKER.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)