

ECS Tech Shop

Afterhours Manufacturing Lab Access Request Form

Student Name _____ E-mail Address _____ Phone# _____

Today's Date _____

Requested date** for afterhours lab access: _____

****Request, along with all supporting documentation, must be submitted to the Tech Shop at least 24 hours prior to requested lab period**

Project Title _____

Nature of Project (please select one):

ECS Course (#, section): _____

ECS Student Organization (name of org): _____

Name of Faculty Member of Record: _____

Approving Signature of Faculty Member***: _____

*****In case Faculty Member of Record is unavailable, Department Chair may sign.**

Description of work to be done (attach copies of approved drawings for all parts to be made during the requested lab period):

I hereby agree to abide by all lab safety rules and regulations and I understand that failure to do so may result in the suspension of these privileges (Student Signature required) _____

Tech Shop Review:

Afterhours Access: Approved__ Declined __

Supervising Technicians Signature: _____