

ECS Student Success Center
ECS Tech Shop
1245 Santa Clara Hall - Student Work Space Request Form

Student Name _____ E-mail _____ Phone# _____

Today's Date _____

Requested dates for SCL 1245 access: _____

Project Title: _____

Nature of Project (please select one):

ECS Course (#, section): _____

ECS Student Organization (Name of org): _____

Is the student org recognized by SOAL and the ECS Joint Council? Yes ___ No ___

Name of Advisor or Faculty Member of Record (Please print): _____

Approving Signature of Faculty Member: _____ Date: _____

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/Comments:

Recommendation: Approved ___ Declined ___

Technician's Signature: _____

Date: _____

Associate Dean's Signature: _____

Date: _____

Working Space: _____