College of Engineering, Computer Science, and Construction Management

Institute for Research on Intelligent Systems

Request for use of ISL Equipment

Faculty’s Name: ____________________________  Extension: ____________

Department: ____________________________  College: ____________  Campus ZIP: ____________

Dept Phone: ____________________________  E-mail: ____________________________

IRIS Sponsor: ____________________________

Project Title: ____________________________

(Please attach a detailed description of your research on a separate sheet. Include list of all participants.)

The following requested equipment will be used for: research  education

<table>
<thead>
<tr>
<th>Usage Dates</th>
<th>Qty</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start</td>
<td>End</td>
<td>Qty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My signature below attests that, if this request is approved, I will be responsible for the requested equipment and I agree to abide by the Policies and Procedures for ISL Equipment.

Requester’s Signature: ____________________________  Date: ____________

(Faculty)

Sponsor’s Signature: ____________________________  Date: ____________

(IRIS / ISL Director)

For internal use only

This request is: Approved  Conditions: ____________________________

<table>
<thead>
<tr>
<th>Equipment release date:</th>
<th>Witnessed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment return date:</td>
<td>Witnessed by:</td>
</tr>
</tbody>
</table>

Denied  Reason: Requested equipment not available.

Does not fit the mission and goals of the ISL

Does not correlate with CSUC’s strategic plan

Other: ____________________________

Authorized by: ____________________________  Date: ____________

(Non-sponsoring director)