



CALIFORNIA STATE UNIVERSITY, CHICO

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

Usage Dates		Qty	Equipment	For internal use only
Start	End			

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: _____

Equipment release date: _____	Witnessed by: _____
Equipment return date: _____	Witnessed by: _____

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)