Robert W. WOODRUFF LIBRARY
Atlanta University Center
Clark Atlanta University • Interdenominational Theological Center • Morehouse College • Spelman College

APPLICATION FOR CARREL ASSIGNMENT

[ ] Student [ ] Faculty Institution:_____

*FEE: **Rental** $10.00/Per Semester* ***Key Deposit:*** *$5.00/Refundable (One Time)*

NAME_____Date_____

LOCAL ADDRESS_____/_____/_____
Street City/State Zip Code

TELEPHONE _____/_____/_____
Local **Business** **E-Mail Address**

INSTITUTION WITH WHICH AFFILIATED_____
DEPARTMENT_____POSITION_____

PURPOSE FOR CARREL_____
SUBJECT OF RESEARCH_____

EXPECTED COMPLETION DATE OF RESEARCH (Month & Year)
December_____,_____ May_____,_____ July_____,_____

_____ _____
Signature Date

I recommend the approval of this application for a study carrel assignment for the purpose stated above.

_____ _____
Department Chair or Academic Dean **Date**

LIBRARY USE ONLY

[ ] Approved Carrel Number_____ Rental Dates:_____/_____
From To

[ ] Not Approved

Renewals_____
_____

Revised 7/02