NAME								
STUDENT# / EMPLOYEE#								
EMAIL								
PROGRAM / TITLE	Doc	toral		Master/	MEng	Other	:	
HOME DEPARTMENT		1		-				
SUPERVISOR								
ESTIMATED PROGRAM								
END DATE								_
								_
I would like to request a d	esk spac	e loca						
CERC Room 153			BRIC	3rd Flo	or roo	m 35	3	
I would like to have the desk until:				_M/	_D/		_Y	
Please state the reason of the desk space								
request: e.g. near to your lab								
I would like to request acc	I							
BRIC High Head Lab		BRIC	2nd	Floor La	ab			
BRIC Wet Lab Room 240A								
CERC High Head Lab		CERC Fuel Cell Lab						
CERC 1st floor lab/Room#		CERO	C 2nd	floor la	b/Roor	n#		
I would like to have access until:			M/	D/		Υ		
Student's Signature:		Date	e:	M/	D/		Y	
Supervisor Signature:		Date	e:	M/	_D/		Y	

Please return the completed form to facility@cerc.ubc.ca