****

**Facilities Use Request**

***Submit this completed form to*** ***aafacilities@uw.edu*****. *Include written approval from your faculty advisor.***

A&A Department Affiliation (Select one):

\_\_ Capstone Course/General Lab Course

\_\_ Research Group

\_\_ RSO

Briefly describe you’re A&A Facilities Request and how it relates to your project:

Number of people who require access:

Team’s facilities liaison contact name, email:

PI/Supervisor/Advisor name, email, department:

Please list for each student requesting facilities access (copy and paste format for multiple students):

Name and NetID:

Define student’s role in facility activities:

Estimated number of hours needed to in facility:

Preferred dates for facility use:

Completion date:

Type of personnel support needed (check all that apply and add estimated hours needed for each):

\_\_ Lab Staff Hours:

\_\_ Testing set-up. Hours:

\_\_ Data Collection. Hours:

\_\_ Supervised operation. Hours:

\_\_ Lab Instrument Training. Hours:

Materials needed: