

Plant Growth Facilities

Research Space Request



Name _____

Department _____

Signature of major professor if applicant is a student _____

Amount of space needed _____

Check one: Greenhouse Growth chamber Garden

Desired time of starting _____ Expected time of completion _____

Materials required (soil, sand or other growing media, pots, trays, fertilizers, stakes, etc.):

Environmental conditions (temperature, shading, photoperiod, humidity, etc.):

Will a photoperiod extended beyond natural photoperiod interfere? _____

May insecticides / fungicides be used on your plants? _____

Title of project _____

Source of project support _____

Names of any who might work with you on this project _____

Brief description of what you will do at facility and type of data you expect to collect. Please include plant names and any experimental design to be used. Use reverse side or attachments if needed: