



Application for Assigned Study Rooms

Complete this application form and submit it to the Library Administration office, Room 417, on the 4th Floor of Sherrod Library or send it by email to libadmin@etsu.edu. You will be notified of the outcome within 5-7 business days. Note: you can save this form.

PERSONAL INFORMATION

Name: _____ *Format: Rhoda Dendron*

ETSU ID: _____ *Format: E00098234* ETSU EMAIL: _____ *Format: abcz@goldmail.etsu.edu*

Address: _____ *Format: 123 Laurel Hollow Rd, Roan Mountain, TN 37687*

Phone Number: _____ *Format: 423-123-4567*

DEPARTMENT & RESEARCH INFORMATION

ETSU Department: _____ *Format: Department of Music*

Department or Graduate committee Chair: _____ *Format: Dr. Donald Conflenti*

Theses or Project Description: _____

PROPOSED OCCUPANCY DATES FOR ASSIGNED STUDY ROOMS

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Please note that assignments are limited to 3 semesters only *Format: August 15, 2014 to May 30, 2014*

I have read and understood "general information, polices and regulations" about Assigned Study Rooms in the Sherrod Library and I attest that the information provided on this application is accurate.

Date:

Signature:

Sign by typing your name.

FOR OFFICE USE ONLY

ROOM NUMBER	
CHECK IN DATE	
CHECK OUT DATE	
EXTENSION DATE	

STATUS	DATE	✓
Application verified		
Room Assigned		
Applicant notified		
Key Collected by applicant		
Key Returned by applicant		