Date: \_\_\_\_\_

## GREENHOUSE BENCH SPACE REQUEST $\underline{TEACHING\ FORM}$

Faculty name:	Work phone #:	Work phone #:	
Teaching Assistant or staff:	E-mail:		
	Emergency Noti	ification Contact (and phone #):	
Department:			
Course Name:			
Departmental Chart String:			
Desired Start Date:	Estimated End	Date:	
Desired Location: (please check desired	d facility location; use one form per fac	ility location if requesting multiple sites)	
□ MAIN CAMPUS (bench space charge is \$2.67/ft²/month) (\$1.34for nursery area)	☐ <b>HREC</b> (Hort. Farm) (East House bench space charge is \$1.87/ft²/month) (\$0.93 for nursery pad area)	□ <b>BRC</b> (BioResearch Complex) (bench space charge is \$2.14/ft²/month) <b>BRC</b> #2, 3, 4 only	
Please antici	pate a 3% increase in space fees for next	t fiscal year.	
Plant Species:  Does project generate biohazardous parts there potential environmental rise if yes to either above question, parts to either above question.	plant material? yes or no (plea	ese circle one) es or no (please circle one)	
<ol> <li>Is day length critical? yes or</li> <li>Will you require HID/LED suppif yes, what is the day/nig</li> <li>Fertilizer needed (Main Campus yes or no (please circ</li> </ol>	olemental lighting? yes or no (plays) of the plays of the	ease circle one), 6-17 at 150 ppm nitrogen):	
Please Note: 1. Faculty and undergraduate teaching Standard annually. 2. All plant material must be labeled w 3. All plants will receive regular applic	ith faculty name and course ID.		

Signature of Department Chair: