

HRC Greenhouse Research Request

Name: _____
Department/Bldg/Room: _____ Email address: _____
Office phone: _____ Cell phone: _____
Research Group: _____ Funded research source or sponsor: _____
Is a proposal pending? _____ Awarded? _____
Research Trial or Protocol Name: _____
Short name or nickname for this trial (the way that you will refer to it): _____

List personnel involved, including graduate or undergraduate students directly involved:

Brief one paragraph statement of proposed trial:

Starting date: _____ Ending date: _____

Space Requirements:

_____ sq ft Bench space
_____ sq ft Propagation bed space
_____ sq ft Ground bed space
_____ sq ft Lath house

Culture requirements: _____

Temperature requirements: _____ Day _____ Night

Supplemental lighting: _____ Shading: _____

Number of pots: _____ Size: _____

Plants watered as needed: keep moist keep dry by user

If special, please describe _____

Pest control as needed? Consult user do not spray

Other instructions or requests:

Space Assignment:

House Range Bench

Center Manager signature _____ Date: _____

Director of Farm Op signature _____ Date: _____

Requestor (PI) signature: _____ Date: _____

BP# to be billed _____