



Name: _____

Date: _____

PSC, NSC or Kell/Room No.: _____

E-mail Address: _____

Cell Phone #: _____

Lab Phone #: _____

Mentor's Name: _____

Return to: Debby Walthall, PSC 519 with a copy
front and back of your Panthercard

Rm # Equipment to be Used Access

PSC 555/ NSC 368/Kell 405

Incubators

☐

Applicant Signature:

As a member of the Research Faculty in the Biology-
Department, I understand that my **Department and I**
are responsible for any damage that may occur as a
result of the use (or misuse) of the core facility by the
student/staff member (named above).

Mentor's Signature:

Panther Card No. (# on front of Card)

601708_____

Authorization:
