## Greenhouse Space Request TTU Horticultural Greenhouse

Principal User:	
Office Building and Room #:	Email:
Cell or Home Phone #:	Office Phone #:
Supervising Faculty Member:	
Phone #:	Email:
Project Name:	
Supporting Agency:	
Brief description of proposed research (Includ be made to the plants, etc.):	le research objectives, plant species to be used, treatments that will
Is biological containment required? (Circle answer):  Yes  No  Please specify requirements (including transgenic plant protocols):	
Date space will be occupied:	16ft each):
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Special environmental requirements (temperat	ure, photoperiod, etc):
List all requests for greenhouse staff (daily wa	ntering, vacation watering, etc.):
Emergency contact information for all other fa Name P	aculty/students involved in this project:  Phone # Email