

Today's Date ____ / ____ / ____

GELMAN LIBRARY CLOSED STUDY CARREL APPLICATION

Please complete the form below and return it to the Gelman Library Circulation Department

CONTACT INFORMATION (please print clearly)

Last Name	First Name	MI
E-Mail Address	Telephone Number	Cell Phone Number
Street Address		
City	State	Zipcode
GWorld Barcode Number (begins with 22882)	GW ID Number	

GW Academic Department or Sponsor	Expected Completion of Research/Coursework
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Name of Faculty Advisor or Department Chair	Advisor / Chair Telephone Number
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Do you have office space anywhere else on campus? ____ Yes ____ No

Place a check mark next to the category that best describes your affiliation with GW:

____ GW PhD candidate beginning / currently writing a dissertation

____ GW PhD candidate preparing for comprehensive exams

____ GW PhD student taking graduate courses ____ Full time ____ Part time

To be completed at the time of room assignment:

Room Renewed:	Room Number:
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____/____/____

____/____/____

____/____/____

____/____/____

Key # distributed _____

Date key distributed ____/____/____

Date key returned ____/____/____

RULES OF CONDUCT

I will not eat or leave food in the carrel.

I will only have drinks in a spill proof container.

I understand that all items from the Gelman Library System collection that I intend to use in my carrel, must be properly checked out to my library record. I further acknowledge that Gelman library staff will monitor this on a regular basis and remove library books that are not properly checked out.

I will not allow anyone else to use the carrel assigned to me, unless authorized to do so in advance by the Gelman Circulation Department Head.

I will not hold liable The Gelman Library or The George Washington University for any personal items lost or stolen from my study carrel.

I agree to pay \$25 per semester for the use of the study carrel.

I agree to pay the \$40 lock replacement fee, if I lose the key that is assigned to me.

I agree that, if for any reason I must forego the use of the carrel for a continuous period of longer than 4 months I will notify the Gelman Circulation Department Head, remove my personal belongings from the carrel, return the key and allow it to be re-assigned to another user.

I will refrain from causing damage to the carrel or its contents, but if such damage should occur due to my neglect, I agree to reimburse Gelman Library fully for the loss.

I understand that I must surrender the use of the carrel by removing my personal belongings and notifying the Gelman Circulation Department Head, and returning the key no later than

_____/_____/_____.

Initials _____

To be completed at the time of room assignment

I certify that the information I have provided on this form is correct. I further acknowledge that I have read the rules of conduct and agree to follow them.

Applicant's Signature

Date

To be signed prior to the room assignment:

I certify that the applicant is currently enrolled for credit hours this semester.

Faculty Advisor or Department Chair signature

Date