

**University Libraries**  
**SCHOLAR'S STUDY ROOM**  
**APPLICATION FORM**

*Academic Year:* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **SHU ID No.** \_\_\_\_\_

**Requested: Month of:** \_\_\_\_\_ **Semester:** Spring \_\_\_ Fall \_\_\_ Summer \_\_\_ Year \_\_\_

**SHU Faculty:** Full-time \_\_\_ New tenure-track \_\_\_ Sabbatical \_\_\_ Emeritus \_\_\_\_\_

**SHU Graduate Student:** \_\_\_ Matriculated (specify degree): \_\_\_ Non-matriculated \_\_\_

**SHU Administrator** \_\_\_\_\_ **Visiting Scholar** \_\_\_\_\_

**SHU Undergraduate:** \_\_\_ **Honors Program:** \_\_\_ **Other (specify):** \_\_\_\_\_

**Department/program/major:** \_\_\_\_\_

**Need for a Scholar's Study:**

**Preferred location:** 3rd floor \_\_\_\_\_ 4th floor \_\_\_\_\_

*I have read the attached Policies and Procedures and will comply fully with them.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Endorsement from appropriate SHU unit (for Students and Visiting Scholars)*

**Signature:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deposit \$75.00 paid by** \_\_\_\_\_ **Date:** \_\_\_\_\_