

UNIVERSITY OF DELAWARE LIBRARY

Faculty Research Study Application

New Request _____ OR Renewal Request _____

(Please do not use pencil. Attachments are fine.)

Name _____ Date: _____

University of Delaware academic title: _____

University of Delaware Department: _____

Email address: _____ Campus telephone number: _____

Home institution* (if not University of Delaware): _____

Home institution academic title: _____

1) Description of research project requiring use of collections and research space in the Morris Library:

2) Description of library materials needed for research:

3) Sponsor(s) of research (if any):

4) Are you willing to share a library research study with:

a faculty member from the same discipline?

Yes _____ No _____

a faculty member from another discipline?

Yes _____ No _____

All research studies in the Morris Library have wireless access to the campus computing network.

If availability permits, do you have a location preference? Lower Level _____ Second Floor _____ Third Floor _____

Anticipated beginning date _____

Expected date of completion _____ Signature _____

RETURN THIS FORM TO:

**Library Research Studies
Circulation and Reserve Unit
Access Services Department
Morris Library**

*For a Visiting Scholar to be eligible for a Library Research Study, appropriate Visiting Scholar onboarding needs to be initiated by the home department and University of Delaware Human Resources regardless of remuneration or not.

Revised: May 6, 2018