University of Delaware Library

Request for a Library Research Study

New Request OR Renewal Request				
(Please do not use pencil. Attachments are fine.)				
Name			Date:	
University of Delaware academic	title:			
University of Delaware Departm	ent:			
Email address:		Campus telephone	number:	
Home institution* (if not Univer	sity of Delaware):			
Home institution academic title:				
1) Description of research proje	ect requiring use of collections	s and research spac	e in the Morris Librar	y:
2) Description of library materi	als needed for research:			
3) Sponsor(s) of research (if any):			
,	rary research study with: er from the same discipline? er from another discipline?	Yes Yes		
to supply a personal laptop. Library will activate the data	orris Library have wireless acc If wired access is preferred, plack upon assignment. In som When that is the case, the Li	ease check here ne research studies,	. When wired acce a special cable is requ	ess is preferred, the ired and a standard
6) If availability permits, do you	have a location preference?	Lower Level	Second Floor	Third Floor
7) Anticipated beginning date Expected date of completion		Signature		
RETURN THIS FORM TO:	Library Research S Administration, Ro Morris Library	Studies		

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

Revised: 10/2015