

UNIVERSITY OF DELAWARE LIBRARY

Faculty 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 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
Administration, Room 210
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.