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.

Revised: 8/2016