

FACULTY STUDY APPLICATION

Applications may be returned in person to the Privileges Desk, faxed, or mailed using the following addresses:

Fax #: (650) 723-3992

Campus Mail: Access Services, Green Library, 6063, Attn: Faculty Studies

U.S. Mail: Access Services, Green Library, Stanford, CA 94305-6063, Attn: Faculty Studies

Name (Last, First): _____

Mailing Address: _____

City, State, Zip Code: _____

Department: _____

E-mail Address: _____

Phone number (include Area Code): _____

Stanford University Affiliation:

Professor Visiting Professor Acting Professor Lecturer/Instructor
 Emeritus Assistant Professor Associate Professor Other (please specify)

Please check desired assignment period (Indicate academic year for all quarters that apply [e.g., 03/04 Autumn]):

Autumn Winter Spring Summer

Please indicate if you will be on sabbatical or research leave:

no yes If yes, on campus off campus

If yes, check all quarters that apply:

Autumn Winter Spring Summer

Anticipated date of return: _____

Please indicate if you intend to use any of the following in the study:

Typewriter PC Printer Laptop computer

Please consider sharing the study that may be assigned to you, so that as many eligible applicants as possible can be accommodated.

I am willing to share the study assigned to me.

I wish to share the study with _____.

I am not willing to share a study.

Please indicate hours/days of week when you plan to use a study most intensively:

For staff use only

DATE RECEIVED:

Room _____ Date Assigned _____ New _____ Renewal _____

Share With _____ Wait List _____