



## Faculty Research Room Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Please Print (First Name) (M.I.) (Last Name)*

Department: \_\_\_\_\_ Academic Rank: \_\_\_\_\_

Email: \_\_\_\_\_ TCU Box: \_\_\_\_\_

Will you be teaching on campus? Y/N *Fall semester:* \_\_\_\_\_ *Spring semester:* \_\_\_\_\_

Please attach a copy of **Section II** (Research/Creative Activities) and **Section III** (Grants and Contracts) of your Faculty Annual Report.

**Describe your research project and need for Library space:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Due to the Library's limited number of Research Rooms, selection will be based upon need. Renewals are not automatic. Rooms are awarded for a year.

**Submit Applications by October 20, 2023**  
to Library Administrative Office, TCU Box 298400.